



141 170001
SUP 12930
Plainwell Paper Company
200 Allegan Street
Plainwell, Michigan 49080
616.685.2500 fax
616.685.2588

179222

063154

March 29, 2000

RECEIVED
MAR 31 2000
GIVEN - PLAINWELL

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To Whom It May Concern:

Robert D. Bradsher, Mill Manager of the Plainwell Inc. facility at Plainwell, Michigan, is the designated representative. He is responsible for overall operation of the facility and he is authorized to originate and sign all environmental documents, including the NPDES application.

Sincerely,

John W. Boyden II
Sr. Vice President Operations

WASTE WATER DISCHARGE PERMIT APPLICATION

SECTION I - General Information

(This information is required by the Part 21 Rules of Michigan Act 451, Public Acts of 1994, as amended, Part 31. A municipality, business, or industry which violates the Part 21 Rules may be enjoined by action commenced by the Attorney General in a court of competent jurisdiction.)

See the facing page for instructions on completing pages 1 & 2

DEQ USE ONLY	
Permit ID #	Supplication
19500.1	12930

PLEASE TYPE OR PRINT

1. NPDES PERMIT or COC NUMBER MI0003794		Where addresses are duplicate you may indicate so (e.g. facility address is the same as the application mailing address).		
2. APPLICANT ADDRESS	Company Name PLAINWELL INC.		3. APPLICATION CONTACT	
	Street Address or P.O. Box 200 Allegan Street			
	City Plainwell	State Michigan		ZIP Code 49080
	Telephone (with area code) (616) 685-2500	FAX (with area code) (616) 685-2588		
	e-mail address			
4. FACILITY MAILING ADDRESS	Facility Name Mineral Technologies Inc. (PCC Plant) Plainwell Paper Kn		5. FACILITY CONTACT	
	Street Address or P.O. Box 330 Allegan Street 200			
	City Plainwell	State Michigan		ZIP Code 49080
	Telephone (with area code) (616) 685-1213	FAX (with area code) (616) 685-1213		
	e-mail address			
6. FACILITY LOCATION ADDRESS	Facility Name Same as No. 4 Kn		7. DISCHARGE MONITORING REPORTS	
	Street Address			
	City	State		ZIP Code
	Telephone (with area code)	FAX (with area code)		
	e-mail address			
8. BIOSOLIDS BILLING	Contact Name NA. Kn		9. STORM WATER BILLING	
	Street Address or P.O. Box			
	City	State		ZIP Code
	Telephone (with area code)	FAX (with area code)		
	e-mail address			

Kn: Khaja Naimuddin

WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION I - General Information

PLEASE TYPE OR PRINT

FACILITY NAME PLAINWELL INC.	NPDES PERMIT or COC NUMBER MI0003794
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10. PERMIT ACTION REQUESTED (Check one box only) (see instructions page iv)

☐ NEW, proposed discharge ("New Use" OR an "Existing" discharge currently unpermitted).

☒ REISSUANCE of current permit.

☐ Check here if the permit reissuance proposes an increased loading of pollutants to the receiving water ("Increased Use"). Attach a description of the proposed "increased use".

☐ MODIFICATION of current permit.

☐ Check here if the request includes an increased loading of pollutants to the receiving water ("Increased Use"). Attach a description of the proposed modification:

☐ GENERAL PERMIT COVERAGE: Check here if you wish to be considered for coverage under a general permit. (see appendix Table 10)

☐ Check here if you are applying to land apply biosolids in Michigan. Out of state and Groundwater discharger's see instructions on page iv.

11. RULE 1098 DEMONSTRATION (see instructions page iv)

In accordance with Rule 323.1098 of the Part 4 Rules, the permittee must submit a Rule 323.1098 Demonstration for any new or increased loading of pollutants to the surface waters of the state. Has the "New", "Existing Unpermitted", "Reissuance" (with increased use) or "Modification (with increased use)" box in question 10 above, been checked? (see appendix for information)

☐ Yes, Submit a Rule 323.1098 demonstration (refer to Rule 323.1098, page 4 in the appendix for instructions). Questions should be directed to the appropriate district office (see page 2 and 3 in the appendix).

☒ No, Continue with Item 12.

12. ADDITIONAL FACILITY LOCATION INFORMATION (see instructions on page iv)

A: County / Township	County Allegan	Township Gun Plain	
B: State Planar Coordinates	SE ¼, ¼	NE ¼	Section 30
C: Latitude / Longitude (to the nearest 15 seconds)	Latitude 042-26-36	Longitude 085-38-33	Town 01N Range 11W

13. CERTIFIED OPERATOR (see instructions on page iv)

Does the facility have a certified operator? Yes No ☒

Operator's Name: Khaja Naimuddin

Certification Number: 2492

Certification Classification(s): A-1h, B-2a, C-1b, C-3a

14. OTHER ENVIRONMENTAL PERMITS

Provide the information requested below for any other federal, state or local environmental permits in effect or applied for at the time of submittal of this application form; including, but not limited to, permits issued under any of the following programs: Air Pollution Control, Hazardous Waste Management, Wetlands Protection, Soil Erosion and Sedimentation Control, and other NPDES permits. Include any additional information on 8 1/2" x 11" paper as an attachment to this application.

Issuing Agency	Permit or COC Number	Permit Type
EPA Identification: MI-DEQ Waste Management	MI-D053666228	RCRA
MI-DEQ-AQD	A0024	AQD Source - ID
MI-DEQ-AQD	NO. 27-73	air use
	for Boiler #1, #2, #3	
MI-DEQ-AQD	No. 45-89	air use
	for Boiler #4	
City of Plainwell (WWTP)	IU-PL00S1M02	For sanitary sewer only

SECTION I - General Information

PLEASE TYPE OR PRINT

FACILITY NAME

PLAINWELL PAPER COMPANY

NPDES PERMIT or COC NUMBER

0003794

15. WATER FLOW DIAGRAM AND NARRATIVE DESCRIPTION

Provide a flow diagram (using 8 1/2" x 11" paper if possible) showing the wastewater flow through the facility including all treatment units, processes and bypass piping, and a narrative description of the water flow through the facility from intake to discharge. Show all operations contributing wastewater and the locations of flow meters, chemical feeds and discharge points. The water balance shall show daily average flow rates at intake and discharge points and approximate daily flow rates between treatment units including influent and treatment rates. Use actual measurements whenever available, otherwise use your best estimate. Show all significant losses of water to products, atmosphere and discharge.

Municipal Facilities - Include a narrative that briefly describes the history of the wastewater treatment facility. Include information describing when it was first constructed, what improvements have been made, future plans for upgrade, and other pertinent information.

Industrial and Commercial Facilities - The line diagram shall include all operations contributing wastewater including process and production areas, sanitary flows, cooling water and storm water runoff. Include a narrative which provides a brief description of the manufacturing processes.

ATTACH THIS INFORMATION TO THIS APPLICATION PLEASE DO NOT BIND THIS INFORMATION

16. MAP OF FACILITY AND DISCHARGE LOCATION

Provide a detailed map on 8 1/2" x 11" paper showing the location of the existing or proposed facility, wastewater and biosolid treatment system(s), and wastewater discharge points into receiving waters (including bypasses). Include the exact location of the wastewater discharge point(s) and all areas through which the discharge flows (e.g. wetlands, open drains, storm sewers), if applicable, between the discharge point and the receiving water. If the discharge is to a storm sewer, label the storm sewer and show its flow path to the receiving water. Also include the location of any water supply wells and groundwater monitoring wells. This map shall be a United States Geological Survey Quadrangle (7.5 minute series) or other map of comparable detail, scale and quality (which shows surface waterbodies, roads, and other pertinent landmarks). The minimum area this map shall encompass is approximately one mile beyond property boundaries.

ATTACH THIS INFORMATION TO THIS APPLICATION

17. LIST ADJACENT PROPERTY OWNERS

List the names and addresses of all property owners adjacent to the facility, treatment systems, and discharge locations. List this information in the space provided below or include the information as an attachment on 8 1/2" x 11" paper. If additional space is necessary, copy this blank page and attach this information to this application.

Name	Address	City	State	ZIP Code
Plainwell City W.T.P.	129 Fairlane	Plainwell	MI	49080
Leelon J. Boney	150 Prospect Avenue	Plainwell	MI	49080
Roy Lehman	610 Allegan Street	Plainwell	MI	49080
Mark Mattimore	428 Allegan Street	Plainwell	MI	49080
Parker Sharrard	436 Allegan Street	Plainwell	MI	49080
Brett Crow	140 Prospect Avenue	Plainwell	MI	49080
Clifford McKinstry	120 Prospect Avenue	Plainwell	MI	49080

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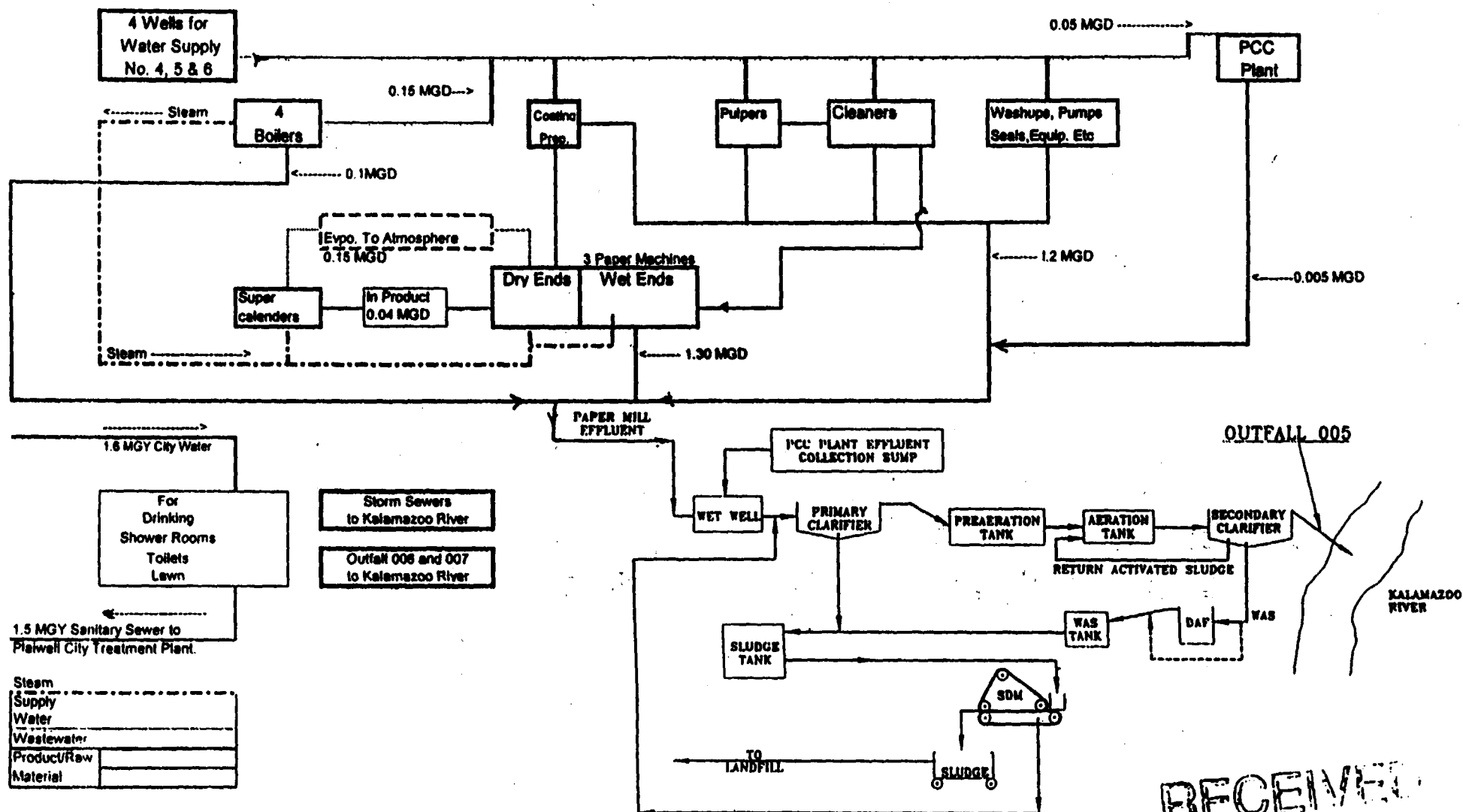
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Mill manufactures about 350 tons per day technical and printing paper on three paper machines using all purchased raw materials. 2.8 MGD (Avg.) is pumped out from the wells (No. 4, 5 & 6) for the mill process and 0.0045 MGD supply to Mineral Technologies-Precipitated calcium carbonate plant (PCC). The wastewater from the paper mill and PCC plant is discharged to our wastewater treatment plant to meet NPDES limits of outfall 005.

The major evaporative losses occur from paper drying sections, supercalenders and steam discharges.

- Outfall 006 and 007 are self monitoring discharge points of noncontaminated water for testing fire pumps No. 1 and 2. once a week for 30 min. (006: 3,600 gal./week and 007: 60,000 gal./week)
- Drinking water, water for lawn, showers and toilets are supplied by the City of Plainwell. Completely isolated sanitary wastewaters are discharged to the treatment plant of city of Plainwell.



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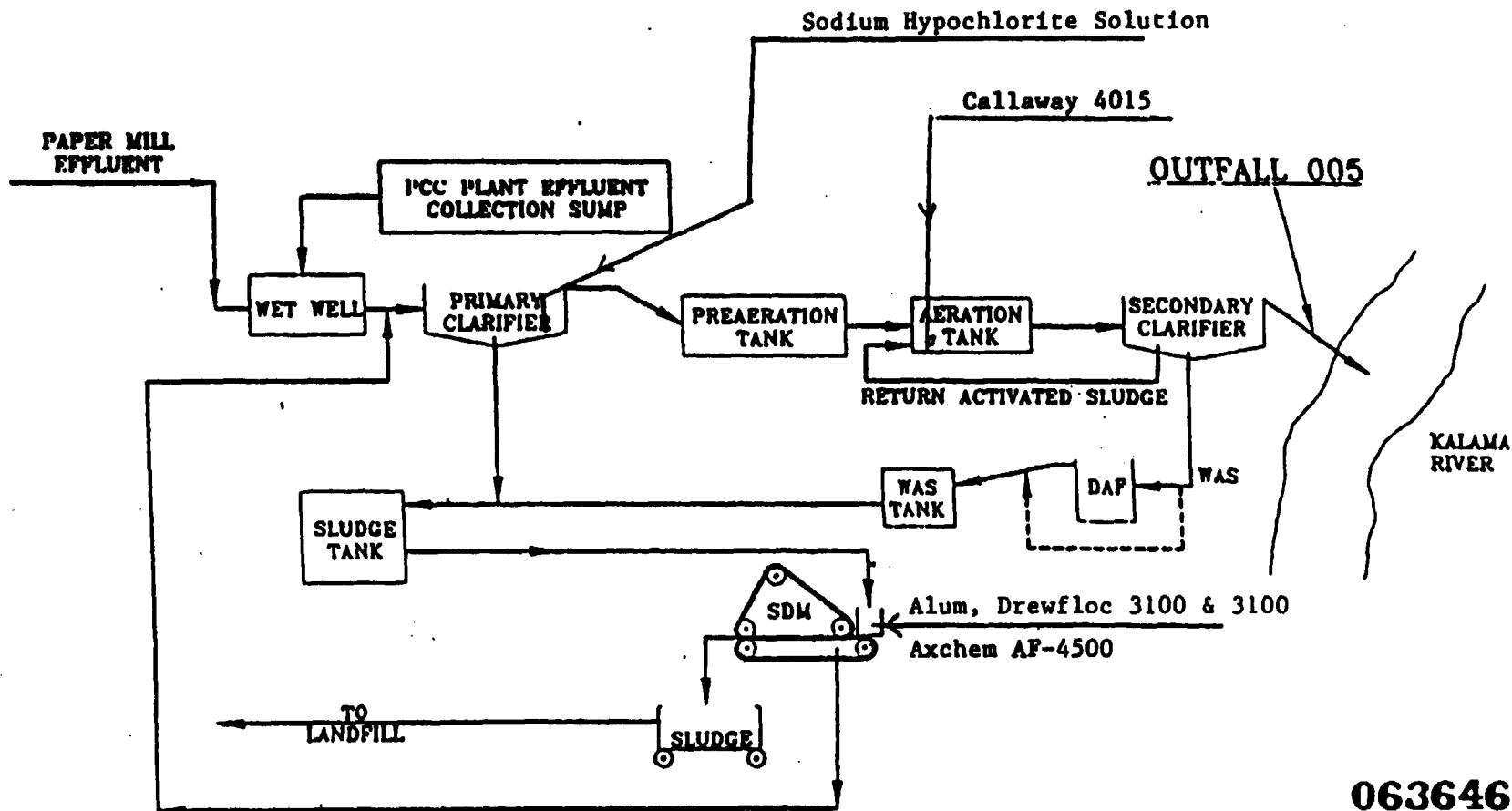
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WASTEWATER TREATMENT PLANT
NPDES PERMIT NO. MI 0003794

PLAINWELL Inc.



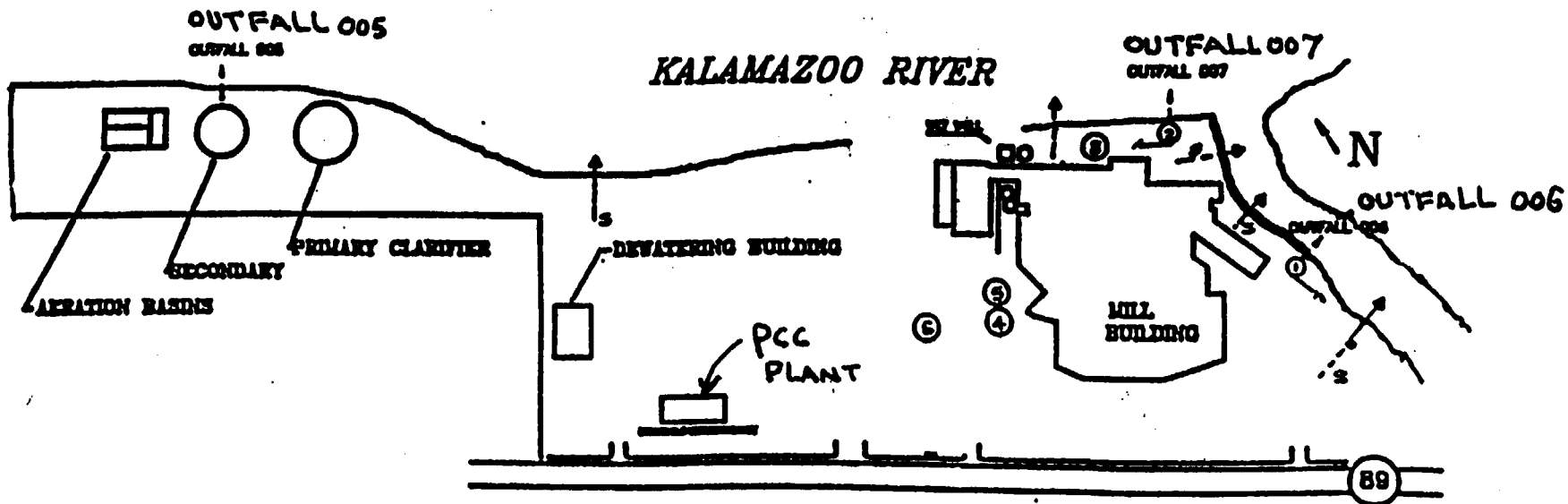
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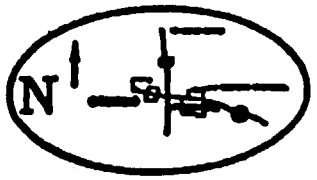
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Plainwell Inc.

NPDES Permit No. MI0003794



- 4, 5, 6, & 8 - Process Water Supply Wells
- 1 & 2 - Fire Protection Water Wells
- S - Storm Sewers



PLAINWELL Inc.

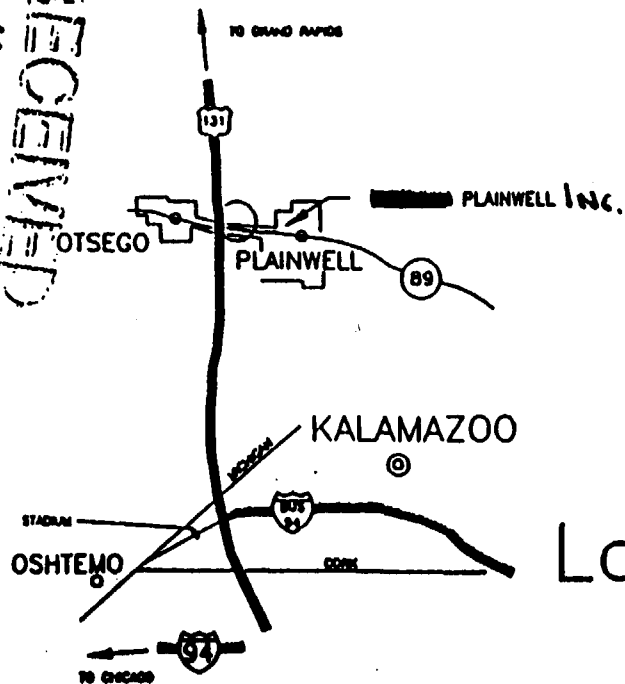
Outfall 005: Discharge from the Wastewater Treatment Plant

Outfall 006: Non-contaminated discharge for testing fire protection pump No. 1

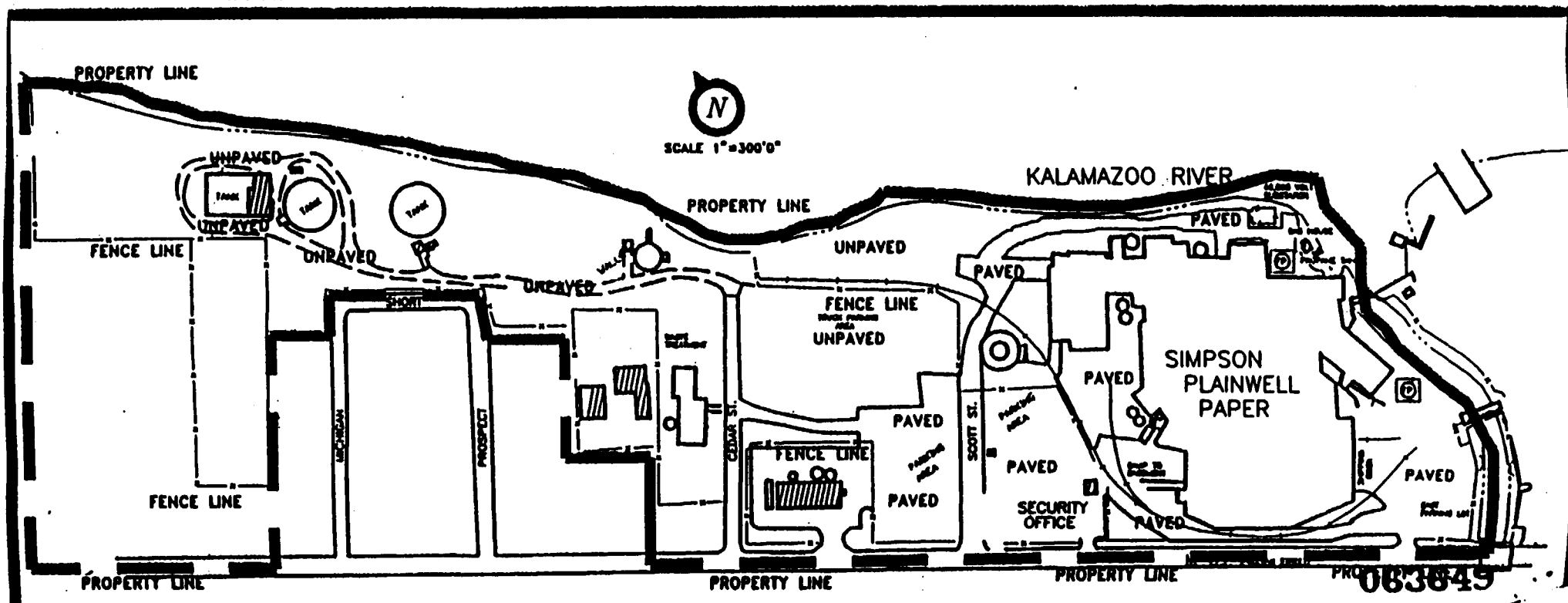
outfall 007: " " " " " " " " " " " " 2

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Plainwell Inc. Location map



WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION I - General Information

PLEASE TYPE OR PRINT

FACILITY NAME

PLAINWELL INC.

NPDES PERMIT or COC NUMBER

MI0003794

18. ALTERNATE POWER SOURCE

If you are applying for a New or Existing Unpermitted discharge, continue to Section II or Section III.

Applicants with an approved Alternate Power Source Report shall indicate any changes that have been made to the alternate power source serving the facility in the past five years. Submit the new information with the application and provide specific information regarding the appropriate pump station or treatment unit the alternate power source serves.

A. Indicate if the facility has a back-up source of power and if emergency procedures have been developed in case of a power outage to the facility.

☐ Yes, Continue to B.

☐ No.

☒ Not Applicable.

B. Has an Alternate Power Source Report been approved by the DEQ?

☐ Yes, Continue to C.

☐ No.

C. Have changes been made that have not been reported to DEQ since the Report was approved?

☐ Yes, Submit the information as an attachment to this application.

☐ No.

This completes Section I. Facilities requesting authorization to only discharge sanitary wastewaters continue with Section II. Other facilities requesting authorization to discharge wastewater continue with Section III. Section I shall be accompanied by either Section II or Section III of this application. If you need assistance in determining the appropriate Sections to complete, contact the district office (see Pages 2 and 3 in the appendix for district office addresses and a map of district boundaries).

All sanitary waste waters discharge to Plainwell City Waste Water Treatment Plant.

Permit No. IU-PL00S1M02

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A. Facility Information

Section III is to be completed by all facilities classified as Industrial or Commercial facilities. Industrial and Commercial facilities include facilities that discharge or propose to discharge a wastewater generated by a production process or service provided or through a remediation project. Municipal and public facilities are not required to complete Section III (unless requesting authorization for discharges other than sanitary wastewater).

PLEASE TYPE OR PRINT

FACILITY NAME Plainwell Inc.	NPDES PERMIT or COC NUMBER MI0003794
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1. BUSINESS INFORMATION

A. Provide up to four (4) Standard Industrial Classification (SIC) codes, in order of economic importance, which best describe the major products or services provided by this facility.

1. 2	2. 6	3. 2	4. 1
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B. Indicate if this facility is a primary industry (refer to Table 2 in the appendix to determine if this facility is a primary industry).

☒ Yes, This facility is a primary industry. Indicate the primary industry as identified in Table 2 in the appendix Integrated Fine Paper

☐ No, This facility is not a primary industry, continue with Item C.

C. Do you operate a concentrated animal feeding operation or an aquatic animal production facility?

☐ Yes, Contact the appropriate district office (see Pages 2 and 3 in the appendix).

☒ No, Continue below.

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2. WATER SUPPLY AND DISCHARGE TYPE

A. List all water sources and provide average flows. The volume may be estimated from water supply meter readings, pump capacities, etc. Provide the name of the source where appropriate (i.e., Grand River, Lake Michigan, City of Millpond). The units are as follows: MGD (million gallons per day), MGY (million gallons per year), GPD (gallons per day). If you are reporting in another unit, select the box with the blank following it and provide the units in the underlined area. If necessary, provide a written description as an attachment on 8 1/2" x 11" paper.

	Name of Source	Average Volume or Flow Rate	Indicate Units
Municipal Supply	City of Plainwell	1.6	<input type="checkbox"/> MGD <input type="checkbox"/> GPD <input checked="" type="checkbox"/> MGY <input type="checkbox"/>
Surface Water Intake	-	-	<input type="checkbox"/> MGD <input type="checkbox"/> GPD <input type="checkbox"/> MGY <input type="checkbox"/>
Private Well	Wells owned by Plainwell Inc.	2.8 ⁺	<input checked="" type="checkbox"/> MGD <input type="checkbox"/> GPD <input type="checkbox"/> MGY <input type="checkbox"/>
Other (specify)			<input type="checkbox"/> MGD <input type="checkbox"/> GPD <input type="checkbox"/> MGY <input type="checkbox"/>

B. Identify water discharged by the facility and provide average flows. If water is first used for one purpose and then is subsequently used for another purpose, indicate the type and amount of the last use. For example, if water is initially used for noncontact cooling water and then for process water, indicate the amount of process water. The amount of water from sources should approximate the amount of water usage. If they are different, provide an explanation

	Average Flow Rate	Indicate Units		Average Flow Rate	Indicate Units
Process Wastewater	2.72	<input checked="" type="checkbox"/> MGD <input type="checkbox"/> GPD <input type="checkbox"/> MGY <input type="checkbox"/>	Sanitary Wastewater	1.5	<input type="checkbox"/> MGD <input type="checkbox"/> GPD <input checked="" type="checkbox"/> MGY <input type="checkbox"/>
Contact Cooling	-	<input type="checkbox"/> MGD <input type="checkbox"/> GPD <input type="checkbox"/> MGY <input type="checkbox"/>	Regulated Storm Water	Unkown	<input type="checkbox"/> MGD <input type="checkbox"/> GPD <input type="checkbox"/> MGY <input type="checkbox"/>
Noncontact Cooling	* 3.3	<input type="checkbox"/> MGD <input type="checkbox"/> GPD <input checked="" type="checkbox"/> MGY <input type="checkbox"/>	HPTW		<input type="checkbox"/> MGD <input type="checkbox"/> GPD <input type="checkbox"/> MGY <input type="checkbox"/>
GWCU	<u>Kn</u> 2.72	<input type="checkbox"/> MGD <input type="checkbox"/> GPD <input checked="" type="checkbox"/> MGY 2.72 <u>Kn</u>	Other (Specify)		<input type="checkbox"/> MGD <input type="checkbox"/> GPD <input type="checkbox"/> MGY <input type="checkbox"/>

GWCU - stands for Groundwater Clean-Up

HPTW - stands for Hydrostatic Pressure Test Water

*Noncontaminated fire pupms testing water from Outfall 006 and 007

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OUTFALL

005

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SMITH-PAINWELL

WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE TYPE OR PRINT

FACILITY NAME Plainwell Inc.	NPDES PERMIT or COC NUMBER MI0003794	OUTFALL NUMBER 005
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3. OUTFALL INFORMATION (see page 24 for instruction on completion of this page)

A. Watershed	Kalamazoo River				
B. Receiving Water	Kalamazoo River				
C. County	Allegan		Township	Gun Plain	
D.	SE ¼, ¼	NE ¼	Section	30	Range 11W
E.	Latitude	042 26 36	Longitude	085 38 33	

F. Type of Wastewater Discharged (Check all that apply):

- ☒ Contact Cooling *Kn*
☐ Sanitary Wastewater
 ☒ Storm Water (regulated)
- ☐ Noncontact Cooling
 ☒ Process Wastewater
 ☐ Storm Water (not regulated)
- ☐ Storm water subject to effluent guidelines (indicate under which category) _____
- ☐ Other - specify _____

G. Is this a Seasonal Discharge?

☐ Yes, List the discharge periods (by month) in the space provided below.

☒ No, Continue with item *H*

From	Through	From	Through
From	Through	From	Through

H. Discharge Schedule (Yearly Average):

hours/day	days/year
-----------	-----------

I. Expected or Proposed Discharge Flow Rates:

Total Yearly	Daily Minimum	Daily Average	Daily Maximum	Maximum Design Flow Rate
1,200 MGY	2.50 MGD	2.8 MGD	3.8 MGD	4.00 MGD

J. The maximum discharge flow rate to be authorized in the permit: 4.0 GPD ☒ MGD ☐ MGY ☐ _____

Michigan Department of Environmental Quality- Surface Water Quality Division
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

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B. Outfall Information

Complete a separate Section III.B. - Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE PRINT

FACILITY NAME Plainwell Inc.	NPDES PERMIT or COC NUMBER MI0003794	OUTFALL NUMBER 005
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4. WATER TREATMENT ADDITIVES

A. Is there a discharge of any water treatment additives or chemicals used to treat water and/or wastewater used or generated by this facility ?

☐ No, Continue with Item 5.

☒ Yes, Provide the following information for each additive. Provide the Material Safety Data Sheets (MSDS) for each additive as an attachment to this application. Enter the product name of the additive and name of the manufacturer. Describe the function of the additive, e.g., biocide, corrosion inhibitor, etc. Provide the average and maximum proposed discharge concentrations of the additive. Enter the concentrations of the proposed additives after all treatment has occurred. If the actual proposed discharge concentrations are not known, an estimate shall be made using stoichiometry and/or a mass balance. Provide the proposed discharge frequency in hours per day and days per week or year.

Product Name/Name of Manufacturer	Additive Function	Discharge Concentrations		Discharge Frequency	
		Average	Maximum		
Liquid Sodium Hypochlorite	Odor control	<input type="checkbox"/> µg/l <input checked="" type="checkbox"/> 0.02 mg/l	<input type="checkbox"/> µg/l <input checked="" type="checkbox"/> 0.02 mg/l	hours/day 24	<input checked="" type="checkbox"/> 7 days/wk <input checked="" type="checkbox"/> 365 days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
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		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr

Intended see following page

B. Table 11 contains a list of the additives for which the DEQ currently has sufficient toxicological data to evaluate the discharge of the additive. If the additive this facility is proposing to discharge is not included in Table 11 in the appendix, call the Surface Water Quality Division, Great Lake and Environmental Assessment Section at 517-335-4184 to inquire about the status of the specific water treatment additive prior to providing any additional information. If the DEQ does not have sufficient toxicological information for any additive being proposed for discharge at this facility, the applicant must provide a 48-hour EC50 for a North American planktonic crustacean (*Daphnia* sp., *Ceriodaphnia* sp. or *Simocephalus* sp.) and the results of a toxicity test for one other North American Freshwater aquatic species (other than a planktonic crustacean) that meets a minimum requirement of Rule 323.1057(2)(a) of the Part 4 Water Quality Standards. The water treatment additive will not be evaluated for discharge authorization unless the appropriate information is attached.

☐ Aquatic toxicity data is attached.

C. If the discharge is treated to remove any of the above additives prior to discharge, indicate which additive the treatment is for and briefly describe the treatment process:

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Michigan Department of Environmental Quality- Surface Water Quality Division
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

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B. Outfall Information

Complete a separate Section III.B. - Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE TYPE OR PRINT

FACILITY NAME Plainwell Inc.	NPDES PERMIT or COC NUMBER MI0003794	OUTFALL NUMBER 005
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4. WATER TREATMENT ADDITIVES

A. Is there a discharge of any water treatment additives or chemicals used to treat water and/or wastewater used or generated by this facility?

☐ No, Continue with Item 5.

☒ Yes, Provide the following information for each additive. Provide the Material Safety Data Sheets (MSDS) for each additive as an attachment to this application. Enter the product name of the additive and name of the manufacturer. Describe the function of the additive, e.g., biocide, corrosion inhibitor, etc. Provide the average and maximum proposed discharge concentrations of the additive. Enter the concentrations of the proposed additives after all treatment has occurred. If the actual proposed discharge concentrations are not known, an estimate shall be made using stoichiometry and/or a mass balance. Provide the proposed discharge frequency in hours per day and days per week or year.

Product Name/Name of Manufacturer	Additive Function	Discharge Concentrations		Discharge Frequency	
		Average	Maximum		
Liquid Sodium Hypochlorite	Odor control	<input type="checkbox"/> $\mu\text{g/l}$ <input checked="" type="checkbox"/> 0.02 mg/l	<input type="checkbox"/> $\mu\text{g/l}$ <input checked="" type="checkbox"/> 0.02 mg/l	hours/day 24	7 <input checked="" type="checkbox"/> days/wk 365 <input checked="" type="checkbox"/> days/yr
+ve Polymer Ashland 3100 Km	Sludge dewatering	0.04 <input type="checkbox"/> $\mu\text{g/l}$ <input checked="" type="checkbox"/> mg/l	0.05 <input type="checkbox"/> $\mu\text{g/l}$ <input checked="" type="checkbox"/> mg/l	hours/day 24	7 <input checked="" type="checkbox"/> days/wk 365 <input checked="" type="checkbox"/> days/yr
+ve Polymer Axchem 4500 Km	Sludge dewatering	0.04 <input type="checkbox"/> $\mu\text{g/l}$ <input checked="" type="checkbox"/> mg/l	0.05 <input type="checkbox"/> $\mu\text{g/l}$ <input checked="" type="checkbox"/> mg/l	hours/day 24	7 <input checked="" type="checkbox"/> days/wk 365 <input checked="" type="checkbox"/> days/yr
-ve Polymer Ashland 2230 Km	Sludge dewatering	0.4 <input type="checkbox"/> $\mu\text{g/l}$ <input checked="" type="checkbox"/> mg/l	0.5 <input type="checkbox"/> $\mu\text{g/l}$ <input checked="" type="checkbox"/> mg/l	hours/day 24	7 <input checked="" type="checkbox"/> days/wk 365 <input checked="" type="checkbox"/> days/yr
+ Polymer Callaway 4015 Km	Settling of secondary sludge	8.0 <input type="checkbox"/> $\mu\text{g/l}$ <input checked="" type="checkbox"/> mg/l	12.0 <input type="checkbox"/> $\mu\text{g/l}$ <input checked="" type="checkbox"/> mg/l	hours/day 24	7 <input checked="" type="checkbox"/> days/wk 365 <input checked="" type="checkbox"/> days/yr
Defoamer BASF-SP32 Km	Killing of surface foam	3.5 <input type="checkbox"/> $\mu\text{g/l}$ <input checked="" type="checkbox"/> mg/l	4.4 <input type="checkbox"/> $\mu\text{g/l}$ <input checked="" type="checkbox"/> mg/l	hours/day 24	7 <input checked="" type="checkbox"/> days/wk 365 <input checked="" type="checkbox"/> days/yr
		<input type="checkbox"/> $\mu\text{g/l}$ <input type="checkbox"/> mg/l	<input type="checkbox"/> $\mu\text{g/l}$ <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
		<input type="checkbox"/> $\mu\text{g/l}$ <input type="checkbox"/> mg/l	<input type="checkbox"/> $\mu\text{g/l}$ <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr

B. Table 11 contains a list of the additives for which the DEQ currently has sufficient toxicological data to evaluate the discharge of the additive. If the additive this facility is proposing to discharge is not included in Table 11 in the appendix, call the Surface Water Quality Division, Great Lake and Environmental Assessment Section at 517-335-4184 to inquire about the status of the specific water treatment additive prior to providing any additional information. If the DEQ does not have sufficient toxicological information for any additive being proposed for discharge at this facility, the applicant must provide a 48-hour EC50 for a North American planktonic crustacean (*Daphnia* sp., *Ceriodaphnia* sp. or *Simocephalus* sp.) and the results of a toxicity test for one other North American Freshwater aquatic species (other than a planktonic crustacean) that meets a minimum requirement of Rule 323.1057(2)(a) of the Part 4 Water Quality Standards. The water treatment additive will not be evaluated for discharge authorization unless the appropriate information is attached.

☐ Aquatic toxicity data is attached.

C. If the discharge is treated to remove any of the above additives prior to discharge, indicate which additive the treatment is for and briefly describe the treatment process:

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WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE TYPE OR PRINT

FACILITY NAME	Palinwell Inc.	NPDES PERMIT or COC NUMBER	MI0003794	OUTFALL NUMBER	005
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5. PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE

This information is used to determine the applicable federal regulations for this discharge. The information required to be reported is dependent on the type of facility. Page 11 of the appendix contains an abbreviated list of various industries and the types of information each shall report in this application. Assistance can be received by calling the appropriate district office (see pages 2 and 3 of the appendix). All industries shall provide the name of each process and the Standard Industrial Classification (SIC) code for the process. If the wastestream is not regulated under federal categorical standards, the applicant shall report all pollutants which have the reasonable potential to be present in the discharge.

Make additional copies of this page if necessary.

PROCESS INFORMATION

A. Name of the process contributing to the discharge: Paper Making - Coated and Technical Grades

B. SIC code: 2621

C. Describe the process and provide measures of production (see the instructions to determine the appropriate information to be reported):
The manufactures coated printing and technical papers on three paper machines using all purchased raw materials. — 350 TPD Km

PROCESS INFORMATION

A. Name of the process contributing to the discharge: Manufacturing of Precipitated calcium carbonate (PCC)

B. SIC code: 2819

C. Describe the process and provide measures of production (see the instructions to determine the appropriate information to be reported):
CaO, CO₂ and water are used to make PCC.

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC code: _____

C. Describe the process and provide measures of production (see the instructions to determine the appropriate information to be reported): _____

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC code: _____

C. Describe the process and provide measures of production (see the instructions to determine the appropriate information to be reported): _____

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC code: _____

C. Describe the process and provide measures of production (see the instructions to determine the appropriate information to be reported): _____

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC code: _____

C. Describe the process and provide measures of production (see the instructions to determine the appropriate information to be reported): _____

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WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B.- Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE TYPE OR PRINT

FACILITY NAME PLAINWELL PAPER COMPANY	NPDES PERMIT or COC NUMBER 0003794	OUTFALL NUMBER 005
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6. WASTEWATER CHARACTERISTICS - CONVENTIONAL POLLUTANTS - Instructions for completing this page are on the facing page.

☐ Check this box if additional information is included as an attachment.

Parameter	Maximum Daily Concentration	Maximum Monthly Concentration	Units	Number of Analyses	Sample Type
Biochemical Oxygen Demand - five day (BOD ₅)	553	374	mg/l	225	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24 Hr Comp
COD (Chemical oxygen demand)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
TOC (Total organic carbon)	Available		mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Ammonia Nitrogen (as N)	See following page		mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Suspended Solids	1,829	396	mg/l	282	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24 Hr Comp
Total Dissolved Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Phosphorus (as P)	0.40	0.19	mg/l	56	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24 Hr Comp
Fecal Coliform Bacteria (report geometric means)	maximum-7day		counts/100ml		Grab
Total Residual Chlorine	<0.02	<0.02	mg/l μg/l	56	Grab
Dissolved Oxygen	minimum daily 3.0	Do Not Use	mg/l	61	Grab
pH (report maximum and minimum of individual samples)	minimum 6.9	maximum 8.2	Standard Units	264	Grab
Temperature, Summer	97	68	°F °C	121	Grab
Temperature, Winter	95	80	°F °C	136	Grab
Oil & Grease			mg/l		Grab
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
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					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp

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Complete a separate Section III B.- Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank form of the application if necessary.

PLEASE TYPE OR PRINT		
FACILITY NAME	NPDES PERMIT or COC NUMBER	OUTFALL NUMBER
PLAINWELL PAPER COMPANY	0003794	005

☐ Check this box if additional information is included as an attachment.

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Michigan Department of Environmental Quality- Surface Water Quality Division
WASTEWATER DISCHARGE PERM. APPLICATION
SECTION III - Industrial and Commercial Wastewater

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B. Outfall Information

Complete a separate Section III.B. - Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE TYPE OR PRINT

FACILITY NAME Plainwell Inc.	NPDES PERMIT or COC NUMBER MI0003794	OUTFALL NUMBER 005
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7. PRIMARY INDUSTRY TOXIC POLLUTANT INFORMATION

Complete this item only if the facility is a primary industry as indicated in item 1 of this section. If this is not a primary industry, continue with item 8.

For two or more substantially identical outfalls, permission may be requested from the appropriate district supervisor to sample and analyze only one outfall and submit the results of the analysis for other substantially identical outfall(s). If the request is granted by the district supervisor, attach a narrative describing which outfall was sampled, and describe why the outfalls which were not sampled are substantially similar to the outfall that was sampled.

A. Indicate if the discharge from this outfall contains any process wastewater. If the discharge from this outfall contains process wastewater, check "YES" and continue with B below. If the discharge from this outfall does not contain any process wastewater, check "NO" and continue with item 8. Does this outfall discharge contain any process wastewater?

☒ Yes, Continue with B.

☐ No, Continue with Item 8.

* B. Primary Industries must submit test results for organic toxic pollutants. Table 2 in the appendix contains a list of GC/MS fractions required by each industrial category. Indicate the GC/MS fractions required for the facility industrial category.

☒ Volatile

☒ Base/Neutral

☒ Acid

☒ Pesticide

Provide analytical data for each parameter of the GC/MS fraction checked above. The required parameters in each fraction are specified in Table 3 in the appendix. Provide copies of the analytical results or record the information in item 9. Additionally, all primary industries which discharge process wastewater shall provide quantitative data for the parameters specified in Table 4 in the appendix. Applicants are not required to analyze for 2,3,7,8-TCDD (Dioxin) unless they believe it is present in the discharge.

8. ADDITIONAL TOXIC POLLUTANT INFORMATION

A. If an applicant, regardless of the type of discharge, knows or has reason to believe that any pollutant listed in Tables 3, 4, 5, 7 and 8 (in the appendix) is discharged from any outfall, then quantitative data shall be provided for those pollutants.

☒ Not Applicable/Believed Absent

☐ Present, Data is attached or recorded in item 9.

B. If an applicant (primary or secondary industry), regardless of the type of discharge, knows or has reason to believe any pollutants listed in Table 6 (in the appendix) are discharged from any outfall, the applicant shall describe reasons for the pollutant being present and provide any available quantitative data.

☒ Not Applicable/Believed Absent

☐ Present, Data is attached or recorded in item 9.

C. All applicants (primary and secondary industries) who use or manufacture 2,4,5-Trichlorophenoxy acetic acid (2,4,5-T); 2-(2,4,5-Trichlorophenoxy) propanoic acid (Silvex); 2-(2,4,5-Trichlorophenoxy) ethyl 2,2-Dichloropropionate (Erbon); 0,0-Dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnell); 2,4,5-Trichlorophenol (TCP); or Hexachlorophene (HCP) must report data using standard analytical calibration procedures. All surface water discharge applicants (primary and secondary industries) who know or have reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is or may be present in their discharge must report qualitative data generated using a screening procedure not calibrated with analytical standards for TCDD.

☒ Not Applicable/Believed Absent

☐ Present, Data is attached or recorded in item 9.

D. If the applicant knows or has reason to believe that biological tests (including WET tests) were made in the last three (3) years on any of the applicant's discharges or on a receiving water in relation to the discharge(s), provide this information as an attachment to this application.

☒ Not Applicable

☐ Applicable, Data is attached.

E. If a contract laboratory or consulting firm performed any of the analyses required by this application, provide the name and address of each laboratory or firm as an attachment to this application.

☐ Not Applicable

☒ Applicable, Information is provided.*

F. Does the facility discharge any other toxic or injurious chemical substances not listed in Tables 3 through 9 in the appendix?

☒ No, Continue with Section III.C.

☐ Yes, Data is attached or recorded in item 9.

* Please see the attached Tabeles of analysis conducted by Kar Laboratories.
442 Manchester Road, Kalamazoo, MI 49002. (616) 381-9666

WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION III - Industrial and Commercial Wastewater

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B. Outfall Information

Complete a separate Section III.B. - Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary. Please see the attached sheets: analysis conducted by Kar Lab.

PLEASE TYPE OR PRINT

FACILITY NAME Plaiwell Inc.	NPDES PERMIT or COC NUMBER MI0003794	OUTFALL NUMBER 005
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9. EFFLUENT CHARACTERISTICS - TOXIC POLLUTANTS

This worksheet is to be used by applicants to record information on any Michigan Critical Material, EPA Priority Pollutant, or hazardous substance for which this application requires that data be provided. This includes any substance from Table 3 which lists Organic Toxic Pollutants, Table 4, Other Toxic Pollutants, Table 5, Conventional and Nonconventional Pollutants, Table 6, Toxic Pollutants and Hazardous Substances, Table 7 the Michigan Critical Materials Register, or Table 8 the EPA Priority Pollutant Listing (in the appendix). If the applicant believes a pollutant may be present in the effluent that is not included in these lists, data shall be provided for that pollutant with this application. This information may also be included as an attachment to this application on 8 1/2" x 11" paper. Page 12 of the appendix is a list of minimum testing requirements for various dischargers. As a minimum, applicants for those types of discharge must provide analytical data based on that list.

Applicants shall use EPA approved analytical methods when conducting sampling (40 CFR 136). For each parameter provide the name of the parameter as listed in the Tables, the maximum daily and monthly discharge concentrations, units, the number of analyses performed, and the sample type. If analytical results for a composite sample are being provided and the sample is not a 24-hour composite, include a description of the sample collection technique used as an attachment to this application on 8 1/2" x 11" paper. When calculating an average where some values are detectable and others are nondetectable, either provide the actual data, or regard each nondetectable value as the detection level when calculating concentrations and indicate that the result is "less than" the value reported. (See definitions of "daily concentration" and "monthly concentration" in the general provisions at the front of this form.) Please include an explanation if "Pollution Prevention" is expected to provide reductions of pollutants. (See page ii and iii for sampling definitions, including, "daily concentration", and "monthly concentration".) See Table 12 in the appendix for acceptable "Levels of Quantification".

In addition to the maximum daily and maximum monthly concentrations required above the applicant must provide individual sample data to determine if Water Quality Based Effluent Limits (WQBELs) are necessary. If more than 10 individual samples results are available please provide this data in an attachment to the application. WQBELs for toxic pollutants are incorporated into an NPDES permit when the DEQ has determined that a substance is or may be discharged into the receiving waters at a level that has a reasonable potential to exceed the substance's water quality value. The determination is made using the procedure described in the Part 8 Rules of Act 451, Public Acts of 1994 as amended. (See page 7 in the appendix)

Check this box if additional information is included as an attachment.

Toxic Pollutant				Maximum Daily Concentration (ug/l)	Maximum Monthly Concentration (ug/l)	Quantification Level Used (ug/l)	Number of Analyses	Sample Type
Individual Samples (ug/l)								
								Grab
								24 Hr Comp
1	2	3	4	5	6	7	8	10
								Grab
								24 Hr Comp
1	2	3	4	5	6	7	8	10
								Grab
								24 Hr Comp
1	2	3	4	5	6	7	8	10

Are any of the above listed toxic pollutants present in the facility's supply water?

☐ No. Continue to question 7.

☐ Yes. Please read below.

In accordance with Rule 1211(7), facilities whose supply water contains toxic pollutants that are withdrawn from and discharged to the same body of water may qualify for intake credits for those toxic pollutants. See Rule 1211(7) for qualification and demonstration requirements.

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Michigan Department of Environmental Quality- Surface Water Quality Division
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

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C. Signature Page

PLEASE TYPE OR PRINT

FACILITY NAME Plainwell Inc.	NPDES PERMIT or COC NUMBER MI0003794
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10. CERTIFICATION

Rule 323.2114(1-4) of the Part 21 Rules of Michigan Act 451, Public Act of 1994, Part 31, as amended, requires that this application be signed as follows:

- A. For a corporation, by a principal executive officer of at least the level of vice president, or their designated representative if the representative is responsible for the overall operation of the facility from which the discharge described in the permit application or other NPDES form originates.
- B. For a partnership, by a general partner.
- C. For a sole proprietorship, by the proprietor.
- D. For a municipal, state, or other public facility, by either a principal executive officer, the mayor, village president, city or village manager or other duly authorized employee.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for having knowledge of violations."

Print Name: Robert D. Bradsher Title: Mill Manager

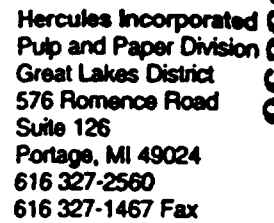
Representing: Plainwell Inc. - Plainwell MI.

Signature:  Date: 3/29/00

This completes Section III. Section III must be completed for all applicants requesting authorization to discharge wastewater(s) from an industrial or commercial facility to a surface water of the state. When Section I and III are complete please return application to the appropriate district office (see pages 2 and 3 of the appendix for district office addresses and a map of district boundaries).

If assistance is needed in determining the appropriate sections to complete or if assistance is needed completing this application contact the appropriate district office.

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**Mr. Khaja Naimuddin
Simpson Plainwell Paper Company
200 Allegan Street
Plainwell, MI 49080**

Dear Mr. Naimuddin:

This letter will certify that none of the biocides listed-above contain any chlorinated phenolic compounds.

Best Regards,

Claire Girard
Claire Girard
Product Stewardship Coordinator

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MAR 21 2009
FBI - NEW YORK



PLAINWELL INC

Plainwell Inc.
1270 Northland Drive, Suite 300
Minneapolis, MN 55120
651-406-9977

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October 17, 2000

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OCT 17 2000
SWQD - PLAINWELL

Mr. Steve Norton
SWQD
Michigan Department of Environmental Quality
1342 SR-89 West
Plainwell, Michigan 49080-1915

Dear Mr. Norton,

I am submitting this letter as part of the NPDES permit application for waiving the parameters of section III and item No. 6 (page 28 of the permit application) for the Outfall 006 and 007 due to the following reason:

The Outfall 006 and 007 are for discharging non-contact pump test water for fire protection from two separate wells and no process water is drawn from these well.

If you have any questions, please contact me at (616)685-2537.

Respectfully,

Khaja Naimuddin
Environmental Superintendent

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OUTFALL

006

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WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE TYPE OR PRINT

FACILITY NAME Plainwell Inc.	NPDES PERMIT or COC NUMBER 0003794	OUTFALL NUMBER 006
--	--	------------------------------

3. OUTFALL INFORMATION (see page 24 for instruction on completion of this page)

A.	Watershed	Kalamazoo River				
B.	Receiving Water	Kalamazoo River				
C.	County	Allegan		Township	Gun Plain	
D.	SE	1/4, 1/4	NE	1/4	Section	30
					Town	01N
					Range	11W
E.	Latitude	042	26	36	Longitude	085 38 33

F. Type of Wastewater Discharged (Check all that apply):

- ☐ Contact Cooling
 ☐ Sanitary Wastewater
 ☐ Storm Water (regulated)
- * ☒ Noncontact Cooling
 ☐ Process Wastewater
 ☐ Storm Water (not regulated)
- ☐ Storm water subject to effluent guidelines (Indicate under which category) _____
- ☐ Other - specify _____

G. Is this a Seasonal Discharge?

- ☐ Yes, List the discharge periods (by month) in the space provided below.
 ☒ No, Continue with Item G

From	Through	From	Through
From	Through	From	Through

H. Discharge Schedule (Yearly Average):

0.5 hours/day	52 days/year
---------------	--------------

I. Expected or Proposed Discharge Flow Rates:

Total Yearly	Daily Minimum	Daily Average	Daily Maximum	Maximum Design Flow Rate
1.0 MGY	4000 GPD	6000 GPD	9000 GPD	NA MGD

J. The maximum discharge flow rate to be authorized in the permit: 9000 ☒ GPD ☐ MGD ☐ MGY ☐ _____

* Noncontaminated and self monitoring outfall for discharging test water for fire pump.

WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE TYPE OR PRINT

FACILITY NAME PLAINWELL INC.	NPDES PERMIT or COC NUMBER MI0003794	OUTFALL NUMBER 006
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4. WATER TREATMENT ADDITIVES

A. Is there a discharge of any water treatment additives or chemicals used to treat water and/or wastewater used or generated by this facility?

☒ No, Continue with Item 5.

☐ Yes, Provide the following information for each additive. Provide the Material Safety Data Sheets (MSDS) for each additive as an attachment to this application. Enter the product name of the additive and name of the manufacturer. Describe the function of the additive, e.g., biocide, corrosion inhibitor, etc. Provide the average and maximum proposed discharge concentrations of the additive. Enter the concentrations of the proposed additives after all treatment has occurred. If the actual proposed discharge concentrations are not known, an estimate shall be made using stoichiometry and/or a mass balance. Provide the proposed discharge frequency in hours per day and days per week or year.

Product Name/Name of Manufacturer	Additive Function	Discharge Concentrations		Discharge Frequency	
		Average	Maximum	hours/day	days/wk days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
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		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr

B. Table 11 contains a list of the additives for which the DEQ currently has sufficient toxicological data to evaluate the discharge of the additive. If the additive this facility is proposing to discharge is not included in Table 11 in the appendix, call the Surface Water Quality Division, Great Lake and Environmental Assessment Section at 517-335-4184 to inquire about the status of the specific water treatment additive prior to providing any additional information. If the DEQ does not have sufficient toxicological information for any additive being proposed for discharge at this facility, the applicant must provide a 48-hour EC50 for a North American planktonic crustacean (*Daphnia* sp., *Ceriodaphnia* sp. or *Simocephalus* sp.) and the results of a toxicity test for one other North American Freshwater aquatic species (other than a planktonic crustacean) that meets a minimum requirement of Rule 323.1057(2)(a) of the Part 4 Water Quality Standards. The water treatment additive will not be evaluated for discharge authorization unless the appropriate information is attached.

☐ Aquatic toxicity data is attached.

C. If the discharge is treated to remove any of the above additives prior to discharge, indicate which additive the treatment is for and briefly describe the treatment process:

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B. Outfall Information

Complete a separate Section III.B. - Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE TYPE OR PRINT

FACILITY NAME PLAINWELL INC.	NPDES PERMIT or COC NUMBER HI0003794	OUTFALL NUMBER 006
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5. PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE

This information is used to determine the applicable federal regulations for this discharge. The information required to be reported is dependent on the type of facility. Page 11 of the appendix contains an abbreviated list of various industries and the types of information each shall report in this application. Assistance can be received by calling the appropriate district office (see pages 2 and 3 of the appendix). All industries shall provide the name of each process and the Standard Industrial Classification (SIC) code for the process. If the wastestream is not regulated under federal categorical standards, the applicant shall report all pollutants which have the reasonable potential to be present in the discharge.

Make additional copies of this page if necessary.

PROCESS INFORMATION

- A. Name of the process contributing to the discharge: NA
- B. SIC code: _____
- C. Describe the process and provide measures of production (see the instructions to determine the appropriate information to be reported):

PROCESS INFORMATION

- A. Name of the process contributing to the discharge: _____
- B. SIC code: _____
- C. Describe the process and provide measures of production (see the instructions to determine the appropriate information to be reported):

PROCESS INFORMATION

- A. Name of the process contributing to the discharge: _____
- B. SIC code: _____
- C. Describe the process and provide measures of production (see the instructions to determine the appropriate information to be reported):

PROCESS INFORMATION

- A. Name of the process contributing to the discharge: _____
- B. SIC code: _____
- C. Describe the process and provide measures of production (see the instructions to determine the appropriate information to be reported):

PROCESS INFORMATION

- A. Name of the process contributing to the discharge: _____
- B. SIC code: _____
- C. Describe the process and provide measures of production (see the instructions to determine the appropriate information to be reported):

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WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE TYPE OR PRINT

FACILITY NAME PLAINWELL INC.	NPOES PERMIT or COC NUMBER HI0003794	OUTFALL NUMBER 006
--	--	------------------------------

7. PRIMARY INDUSTRY TOXIC POLLUTANT INFORMATION

Complete this item only if the facility is a primary industry as indicated in item 1 of this section. If this is not a primary industry, continue with item 8.

For two or more substantially identical outfalls, permission may be requested from the appropriate district supervisor to sample and analyze only one outfall and submit the results of the analysis for other substantially identical outfall(s). If the request is granted by the district supervisor, attach a narrative describing which outfall was sampled, and describe why the outfalls which were not sampled are substantially similar to the outfall that was sampled.

A. Indicate if the discharge from this outfall contains any process wastewater. If the discharge from this outfall contains process wastewater, check "YES" and continue with B below. If the discharge from this outfall does not contain any process wastewater, check "NO" and continue with item 8. Does this outfall discharge contain any process wastewater?

☐ Yes, Continue with B.

☒ No, Continue with item 8.

B. Primary industries must submit test results for organic toxic pollutants. Table 2 in the appendix contains a list of GC/MS fractions required by each industrial category. Indicate the GC/MS fractions required for the facility industrial category.

☐ Volatile

☐ Base/Neutral

☐ Acid

☐ Pesticide

Provide analytical data for each parameter of the GC/MS fraction checked above. The required parameters in each fraction are specified in Table 3 in the appendix. Provide copies of the analytical results or record the information in item 9. Additionally, all primary industries which discharge process wastewater shall provide quantitative data for the parameters specified in Table 4 in the appendix. Applicants are not required to analyze for 2,3,7,8-TCDD (Dioxin) unless they believe it is present in the discharge.

8. ADDITIONAL TOXIC POLLUTANT INFORMATION

A. If an applicant, regardless of the type of discharge, knows or has reason to believe that any pollutant listed in Tables 3, 4, 5, 7 and 8 (in the appendix) is discharged from any outfall, then quantitative data shall be provided for those pollutants.

☒ Not Applicable/Believed Absent

☐ Present, Data is attached or recorded in item 9.

B. If an applicant (primary or secondary industry), regardless of the type of discharge, knows or has reason to believe any pollutants listed in Table 6 (in the appendix) are discharged from any outfall, the applicant shall describe reasons for the pollutant being present and provide any available quantitative data.

☒ Not Applicable/Believed Absent

☐ Present, Data is attached or recorded in item 9.

C. All applicants (primary and secondary industries) who use or manufacture 2,4,5-Trichlorophenoxy acetic acid (2,4,5-T); 2-(2,4,5-Trichlorophenoxy) propanoic acid (Silvex); 2-(2,4,5-Trichlorophenoxy) ethyl 2,2-Dichloropropionate (Erbion); 0,0-Dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel); 2,4,5-Trichlorophenol (TCP); or Hexachlorophene (HCP) must report data using standard analytical calibration procedures. All surface water discharge applicants (primary and secondary industries) who know or have reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is or may be present in their discharge must report qualitative data generated using a screening procedure not calibrated with analytical standards for TCDD.

☒ Not Applicable/Believed Absent

☐ Present, Data is attached or recorded in item 9.

D. If the applicant knows or has reason to believe that biological tests (including WET tests) were made in the last three (3) years on any of the applicant's discharges or on a receiving water in relation to the discharge(s), provide this information as an attachment to this application.

☒ Not Applicable

☐ Applicable, Data is attached.

E. If a contract laboratory or consulting firm performed any of the analyses required by this application, provide the name and address of each laboratory or firm as an attachment to this application.

☒ Not Applicable

☐ Applicable, Information is provided.

F. Does the facility discharge any other toxic or injurious chemical substances not listed in Tables 3 through 9 in the appendix?

☒ No, Continue with Section III.C.

☐ Yes, Data is attached or recorded in item 9.

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WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE TYPE OR PRINT

NA

063671

FACILITY NAME PLAINWELL INC.	NPDES PERMIT or COC NUMBER MI0003794	OUTFALL NUMBER 006
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9. EFFLUENT CHARACTERISTICS - TOXIC POLLUTANTS

This worksheet is to be used by applicants to record information on any Michigan Critical Material, EPA Priority Pollutant, or hazardous substance for which this application requires that data be provided. This includes any substance from Table 3 which lists Organic Toxic Pollutants, Table 4, Other Toxic Pollutants, Table 5, Conventional and Nonconventional Pollutants, Table 6, Toxic Pollutants and Hazardous Substances, Table 7 the Michigan Critical Materials Register, or Table 8 the EPA Priority Pollutant Listing (in the appendix). If the applicant believes a pollutant may be present in the effluent that is not included in these lists, data shall be provided for that pollutant with this application. This information may also be included as an attachment to this application on 8 1/2" x 11" paper. Page 12 of the appendix is a list of minimum testing requirements for various dischargers. As a minimum, applicants for those types of discharge must provide analytical data based on that list.

Applicants shall use EPA approved analytical methods when conducting sampling (40 CFR 136). For each parameter provide the name of the parameter as listed in the Tables, the maximum daily and monthly discharge concentrations, units, the number of analyses performed, and the sample type. If analytical results for a composite sample are being provided and the sample is not a 24-hour composite, include a description of the sample collection technique used as an attachment to this application on 8 1/2" x 11" paper. When calculating an average where some values are detectable and others are nondetectable, either provide the actual data, or regard each nondetectable value as the detection level when calculating concentrations and indicate that the result is "less than" the value reported. (See definitions of "daily concentration" and "monthly concentration" in the general provisions at the front of this form.) Please include an explanation if "Pollution Prevention" is expected to provide reductions of pollutants. (See page ii and iii for sampling definitions, including, "daily concentration", and "monthly concentration".) See Table 12 in the appendix for acceptable "Levels of Quantification".

In addition to the maximum daily and maximum monthly concentrations required above the applicant must provide individual sample data to determine if Water Quality Based Effluent Limits (WQBELs) are necessary. If more than 10 individual samples results are available please provide this data in an attachment to the application. WQBELs for toxic pollutants are incorporated into an NPDES permit when the DEQ has determined that a substance is or may be discharged into the receiving waters at a level that has a reasonable potential to exceed the substance's water quality value. The determination is made using the procedure described in the Part 8 Rules of Act 451, Public Acts of 1994 as amended. (See page 7 in the appendix)

Check this box if additional information is included as an attachment.

Toxic Pollutant				Maximum Daily Concentration (ug/l)	Maximum Monthly Concentration (ug/l)	Quantification Level Used (ug/l)	Number of Analyses	Sample Type
Individual Samples (ug/l)								
								Grab 24 Hr Comp
1	2	3	4	5	6	7	8	9
								Grab 24 Hr Comp
1	2	3	4	5	6	7	8	9
								Grab 24 Hr Comp
1	2	3	4	5	6	7	8	9

Are any of the above listed toxic pollutants present in the facility's supply water?

☐ No. Continue to question 7.

☐ Yes. Please read below.

In accordance with Rule 1211(7), facilities whose supply water contains toxic pollutants that are withdrawn from and discharged to the same body of water may qualify for intake credits for those toxic pollutants. See Rule 1211(7) for qualification and discharge requirements.

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WASTE WATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

063672

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C. Signature Page

FACILITY NAME

Plainwell Inc.

NPDES PERMIT or COC NUMBER

MI0003794

10. CERTIFICATION

Rule 323.2114(1-4) of the Part 21 Rules of Michigan Act 451, Public Act of 1994, Part 31, as amended, requires that this application be signed as follows:

- A. For a corporation, by a principal executive officer of at least the level of vice president, or their designated representative if the representative is responsible for the overall operation of the facility from which the discharge described in the permit application or other NPDES form originates.
- B. For a partnership, by a general partner.
- C. For a sole proprietorship, by the proprietor.
- D. For a municipal, state, or other public facility, by either a principal executive officer, the mayor, village president, city or village manager or other duly authorized employee.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for having knowledge of violations.

Print Name: Robert D. Bradsher

Title: Mill Manager

Representing: Plainwell Inc. - Plainwell MI.

Signature:



Date: 3/29/00

This completes Section III. Section III must be completed for all applicants requesting authorization to discharge wastewater(s) from an industrial or commercial facility to a surface water of the state. When Section I and III are complete please return application to the appropriate district office (see pages 2 and 3 of the appendix for district office addresses and a map of district boundaries).

If assistance is needed in determining the appropriate sections to complete or if assistance is needed completing this application contact the appropriate district office.

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OUTFALL

007

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SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE TYPE OR PRINT

FACILITY NAME Plainwell Inc.	NPDES PERMIT or COC NUMBER 0003794	OUTFALL NUMBER 007
--	--	------------------------------

3. OUTFALL INFORMATION (see page 24 for instruction on completion of this page)

A.	Watershed Kalamazoo River					
B.	Receiving Water Kalamazoo River					
C.	County Allegan			Township Gun Plain		
D.	SE 4, 4	NE 4	Section 30	Town 01N	Range 11W	
E.	Latitude 042 26 36			Longitude 085 38 33		

F. Type of Wastewater Discharged (Check all that apply):

- ☐ Contact Cooling
 ☐ Sanitary Wastewater
 ☐ Storm Water (regulated)
- ☒ Noncontact Cooling
 ☐ Process Wastewater
 ☐ Storm Water (not regulated)
- ☐ Storm water subject to effluent guidelines (indicate under which category) _____
- ☐ Other - specify _____

G. Is this a Seasonal Discharge?

☐ Yes, List the discharge periods (by month) in the space provided below.

☒ No, Continue with Item G

From	Through	From	Through
From	Through	From	Through

H. Discharge Schedule (Yearly Average):

0.5 hours/day	52 days/year
----------------------	---------------------

I. Expected or Proposed Discharge Flow Rates:

Total Yearly	Daily Minimum	Daily Average	Daily Maximum	Maximum Design Flow Rate
30.0 MGY	60000 GPD MGD	80000 GPD MGD	90000 GPD MGD	NA MGD

J. The maximum discharge flow rate to be authorized in the permit: **90000** ☒ GPD ☐ MGD ☐ MGY ☐ _____

* Noncontaminated and self monitoring outfall for discharging test water for fire pump.

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WQD-PLANNING

EQP 4659-C (Rev 1/00)

WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE TYPE OR PRINT

FACILITY NAME PLAINWELL INC.	NPDES PERMIT or COC NUMBER MI0003794	OUTFALL NUMBER 007
--	--	------------------------------

4. WATER TREATMENT ADDITIVES

A. Is there a discharge of any water treatment additives or chemicals used to treat water and/or wastewater used or generated by this facility?

☒ No, Continue with Item 5.

☐ Yes, Provide the following information for each additive. Provide the Material Safety Data Sheets (MSDS) for each additive as an attachment to this application. Enter the product name of the additive and name of the manufacturer. Describe the function of the additive, e.g., biocide, corrosion inhibitor, etc. Provide the average and maximum proposed discharge concentrations of the additive. Enter the concentrations of the proposed additives after all treatment has occurred. If the actual proposed discharge concentrations are not known, an estimate shall be made using stoichiometry and/or a mass balance. Provide the proposed discharge frequency in hours per day and days per week or year.

Product Name/Name of Manufacturer	Additive Function	Discharge Concentrations		Discharge Frequency	
		Average	Maximum		
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr
		<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l	hours/day	<input type="checkbox"/> days/wk <input type="checkbox"/> days/yr

B. Table 11 contains a list of the additives for which the DEQ currently has sufficient toxicological data to evaluate the discharge of the additive. If the additive this facility is proposing to discharge is not included in Table 11 in the appendix, call the Surface Water Quality Division, Great Lake and Environmental Assessment Section at 517-335-4184 to inquire about the status of the specific water treatment additive prior to providing any additional information. If the DEQ does not have sufficient toxicological information for any additive being proposed for discharge at this facility, the applicant must provide a 48-hour EC50 for a North American planktonic crustacean (*Daphnia* sp., *Ceriodaphnia* sp. or *Simocephalus* sp.) and the results of a toxicity test for one other North American Freshwater aquatic species (other than a planktonic crustacean) that meets a minimum requirement of Rule 323.1057(2)(a) of the Part 4 Water Quality Standards. The water treatment additive will not be evaluated for discharge authorization unless the appropriate information is attached.

☐ Aquatic toxicity data is attached.

C. If the discharge is treated to remove any of the above additives prior to discharge, indicate which additive the treatment is for and briefly describe the treatment process:

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WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE TYPE OR PRINT

FACILITY NAME PLAINWELL INC.	NPDES PERMIT or COC NUMBER MI0003794	OUTFALL NUMBER 007
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5. PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE

This information is used to determine the applicable federal regulations for this discharge. The information required to be reported is dependent on the type of facility. Page 11 of the appendix contains an abbreviated list of various industries and the types of information each shall report in this application. Assistance can be received by calling the appropriate district office (see pages 2 and 3 of the appendix). All industries shall provide the name of each process and the Standard Industrial Classification (SIC) code for the process. If the wastestream is not regulated under federal categorical standards, the applicant shall report all pollutants which have the reasonable potential to be present in the discharge.

Make additional copies of this page if necessary.

PROCESS INFORMATION

- A. Name of the process contributing to the discharge: NA
- B. SIC code: _____
- C. Describe the process and provide measures of production (see the instructions to determine the appropriate information to be reported):

PROCESS INFORMATION

- A. Name of the process contributing to the discharge: _____
- B. SIC code: _____
- C. Describe the process and provide measures of production (see the instructions to determine the appropriate information to be reported):

PROCESS INFORMATION

- A. Name of the process contributing to the discharge: _____
- B. SIC code: _____
- C. Describe the process and provide measures of production (see the instructions to determine the appropriate information to be reported):

PROCESS INFORMATION

- A. Name of the process contributing to the discharge: _____
- B. SIC code: _____
- C. Describe the process and provide measures of production (see the instructions to determine the appropriate information to be reported):

PROCESS INFORMATION

- A. Name of the process contributing to the discharge: _____
- B. SIC code: _____
- C. Describe the process and provide measures of production (see the instructions to determine the appropriate information to be reported):

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3000-PLAINWELL

WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B.- Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE TYPE OR PRINT

FACILITY NAME PLAINWELL INC.	NPDES PERMIT or COC NUMBER MI0003794	OUTFALL NUMBER 007
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6. WASTEWATER CHARACTERISTICS - CONVENTIONAL POLLUTANTS - Instructions for completing this page are on the facing page.

☐ Check this box if additional information is included as an attachment.

Parameter	Maximum Daily Concentration	Maximum Monthly Concentration	Units	Number of Analyses	Sample Type
Biochemical Oxygen Demand - five day (BOD ₅)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Co
COD (Chemical oxygen demand)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Co
TOC (Total organic carbon)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Co
Ammonia Nitrogen (as N)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Co
Total Suspended Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Co
Total Dissolved Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Co
Total Phosphorus (as P)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Co
Fecal Coliform Bacteria (report geometric means)	maximum-7day		counts/100ml		<input type="checkbox"/> Grab
Total Residual Chlorine			mg/l μg/l		<input type="checkbox"/> Grab
Dissolved Oxygen	minimum daily	Do Not Use	mg/l		<input type="checkbox"/> Grab
pH (report maximum and minimum of individual samples)	minimum	maximum	Standard Units		<input type="checkbox"/> Grab
Temperature, Summer			°F °C		<input type="checkbox"/> Grab
Temperature, Winter			°F °C		<input type="checkbox"/> Grab
Oil & Grease			mg/l		<input type="checkbox"/> Grab
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Co
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Co
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Co
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SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (pages 24-30) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE TYPE OR PRINT

NA

FACILITY NAME PLAINWELL INC.	NPDES PERMIT or COC NUMBER MI0003794	OUTFALL NUMBER 007
---------------------------------	---	-----------------------

9. EFFLUENT CHARACTERISTICS - TOXIC POLLUTANTS

This worksheet is to be used by applicants to record information on any Michigan Critical Material, EPA Priority Pollutant, or hazardous substance for which this application requires that data be provided. This includes any substance from Table 3 which lists Organic Toxic Pollutants, Table 4, Other Toxic Pollutants, Table 5, Conventional and Nonconventional Pollutants, Table 6, Toxic Pollutants and Hazardous Substances, Table 7 the Michigan Critical Materials Register, or Table 8 the EPA Priority Pollutant Listing (in the appendix). If the applicant believes a pollutant may be present in the effluent that is not included in these lists, data shall be provided for that pollutant with this application. This information may also be included as an attachment to this application on 8 1/2" x 11" paper. Page 12 of the appendix is a list of minimum testing requirements for various dischargers. As a minimum, applicants for those types of discharge must provide analytical data based on that list.

Applicants shall use EPA approved analytical methods when conducting sampling (40 CFR 136). For each parameter provide the name of the parameter as listed in the Tables, the maximum daily and monthly discharge concentrations, units, the number of analyses performed, and the sample type. If analytical results for a composite sample are being provided and the sample is not a 24-hour composite, include a description of the sample collection technique used as an attachment to this application on 8 1/2" x 11" paper. When calculating an average where some values are detectable and others are nondetectable, either provide the actual data, or regard each nondetectable value as the detection level when calculating concentrations and indicate that the result is "less than" the value reported. (See definitions of "daily concentration" and "monthly concentration" in the general provisions at the front of this form.) Please include an explanation if "Pollution Prevention" is expected to provide reductions of pollutants. (See page ii and iii for sampling definitions, including, "daily concentration", and "monthly concentration".) See Table 12 in the appendix for acceptable "Levels of Quantification".

In addition to the maximum daily and maximum monthly concentrations required above the applicant must provide individual sample data to determine if Water Quality Based Effluent Limits (WQBELs) are necessary. If more than 10 individual samples results are available please provide this data in an attachment to the application. WQBELs for toxic pollutants are incorporated into an NPDES permit when the DEQ has determined that a substance is or may be discharged into the receiving waters at a level that has a reasonable potential to exceed the substance's water quality value. The determination is made using the procedure described in the Part 8 Rules of Act 451, Public Acts of 1994 as amended. (See page 7 in the appendix)

Check this box if additional information is included as an attachment.

Toxic Pollutant				Maximum Daily Concentration (ug/l)	Maximum Monthly Concentration (ug/l)	Quantification Level Used (ug/l)	Number of Analyses	Sample Type
Individual Samples (ug/l)								
Grab 24 Hr Comp								
1	2	3	4	5	6	7	8	9
Grab 24 Hr Comp								
1	2	3	4	5	6	7	8	9
Grab 24 Hr Comp								
1	2	3	4	5	6	7	8	9

Are any of the above listed toxic pollutants present in the facility's supply water?

☐ No. Continue to question 7.

☐ Yes. Please read below.

In accordance with Rule 1211(7), facilities whose supply water contains toxic pollutants are not allowed to discharge to the same body of water may qualify for intake credits for those toxic pollutants. See Rule 1211(7) for quantification and demonstration requirements.

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Michigan Department of Environmental Quality- Surface Water Quality Division
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

063679

C. Signature Page

PLEASE TYPE OR PRINT

FACILITY NAME

Plainwell Inc.

NPDES PERMIT or COC NUMBER

MI0003794

10. CERTIFICATION

Rule 323.2114(1-4) of the Part 21 Rules of Michigan Act 451, Public Act of 1994, Part 31, as amended, requires that this application be signed as follows:

- A. For a corporation, by a principal executive officer of at least the level of vice president, or their designated representative if the representative is responsible for the overall operation of the facility from which the discharge described in the permit application or other NPDES form originates.
- B. For a partnership, by a general partner.
- C. For a sole proprietorship, by the proprietor.
- D. For a municipal, state, or other public facility, by either a principal executive officer, the mayor, village president, city or village manager or other duly authorized employee.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for having knowledge of violations."

Print Name: Robert D. Bradsher

Title: Mill Manager

Representing: Plainwell Inc. - Plainwell MI.

Signature:



Date: 3/29/00

This completes Section III. Section III must be completed for all applicants requesting authorization to discharge wastewater(s) from an industrial or commercial facility to a surface water of the state. When Section I and III are complete please return application to the appropriate district office (see pages 2 and 3 of the appendix for district office addresses and a map of district boundaries).

If assistance is needed in determining the appropriate sections to complete or if assistance is needed completing this application contact the appropriate district office.

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LABORATORY DETAIL REPORT

Client: Plainwell Paper Company

KAR Project No. : 001249-01

Date Reported : 03/28/2000

Project

Desc. : Analysis of one sample for Wastewater Discharge Application.

Sample ID : "Outfall 005, 24 Hr. Composite"

Sampled By : DH of Plainwell Paper

Sample Date : 03/15/2000

Sample Time :

Date Received : 03/16/2000

Sample Type : aqueous

KAR Sample No. : 001249-01

Test	Result	Units of Measure	Method	Analyzed	Analyst	Comments
Prior. Poll. acids	See below		EPA 8270	03/27/00	KTL	
Prior. Poll. base-neutrals	See below		EPA 8270	03/27/00	KTL	
Prep. SV Acid/BN	Completed		EPA 625	03/21/00	SAS	
1,2,4-Trichlorobenzene 8270	<5	ug/L	EPA 8270	03/27/00	KTL	
1,2-Dichlorobenzene by 8270	<5	ug/L	EPA 8270	03/27/00	KTL	
1,2-Diphenylhydrazine	<5	ug/L	EPA 8270	03/27/00	KTL	
1,3-Dichlorobenzene by 8270	<5	ug/L	EPA 8270	03/27/00	KTL	
1,4-Dichlorobenzene by 8270	<5	ug/L	EPA 8270	03/27/00	KTL	
2,3,7,8-TCDD by 8270	<5	ug/L	EPA 8270	03/27/00	KTL	
2,4,6-Trichlorophenol	<5	ug/L	EPA 8270	03/27/00	KTL	
2,4-Dichlorophenol	<5	ug/L	EPA 8270	03/27/00	KTL	
2,4-Dimethylphenol	<5	ug/L	EPA 8270	03/27/00	KTL	
2,4-Dinitrophenol	<20	ug/L	EPA 8270	03/27/00	KTL	
2,4-Dinitrotoluene	<5	ug/L	EPA 8270	03/27/00	KTL	
2,6-Dinitrotoluene	<5	ug/L	EPA 8270	03/27/00	KTL	
2-Chloronaphthalene	<5	ug/L	EPA 8270	03/27/00	KTL	
2-Chlorophenol	<5	ug/L	EPA 8270	03/27/00	KTL	
2-Methyl-4,6-dinitrophenol	<20	ug/L	EPA 8270	03/27/00	KTL	
2-Nitrophenol	<5	ug/L	EPA 8270	03/27/00	KTL	
3,3'-Dichlorobenzidine	<20	ug/L	EPA 8270	03/27/00	KTL	
4-Bromophenyl phenyl ether	<5	ug/L	EPA 8270	03/27/00	KTL	
4-Chloro-3-methylphenol	<5	ug/L	EPA 8270	03/27/00	KTL	
4-Chlorophenyl phenyl ether	<5	ug/L	EPA 8270	03/27/00	KTL	
4-Nitrophenol	<20	ug/L	EPA 8270	03/27/00	KTL	
Acenaphthene	<5	ug/L	EPA 8270	03/27/00	KTL	
Acenaphthylene	<5	ug/L	EPA 8270	03/27/00	KTL	
Anthracene	<5	ug/L	EPA 8270	03/27/00	KTL	
Benzidine	<50	ug/L	EPA 8270	03/27/00	KTL	
Benzo(a)anthracene	<5	ug/L	EPA 8270	03/27/00	KTL	
Benzo(a)pyrene	<5	ug/L	EPA 8270	03/27/00	KTL	
Benzo(b)fluoranthene	<5	ug/L	EPA 8270	03/27/00	KTL	
Benzo(ghi)perylene	<5	ug/L	EPA 8270	03/27/00	KTL	
Benzo(k)fluoranthene	<5	ug/L	EPA 8270	03/27/00	KTL	
Bis(2-chloroethoxy)methane	<5	ug/L	EPA 8270	03/27/00	KTL	
Bis(2-chloroethyl)ether	<5	ug/L	EPA 8270	03/27/00	KTL	
Bis(2-chloroisopropyl)ether	<5	ug/L	EPA 8270	03/27/00	KTL	
Bis(2-ethylhexyl)phthalate	38	ug/L	EPA 8270	03/27/00	KTL	
Butylbenzyl phthalate	<5	ug/L	EPA 8270	03/27/00	KTL	
Chrysene	<5	ug/L	EPA 8270	03/27/00	KTL	
Di-N-butylphthalate	<5	ug/L	EPA 8270	03/27/00	KTL	
Di-n-Octyl phthalate	<5	ug/L	EPA 8270	03/27/00	KTL	
Dibenzo(ah)anthracene	<5	ug/L	EPA 8270	03/27/00	KTL	
Diethyl phthalate	<5	ug/L	EPA 8270	03/27/00	KTL	
Dimethyl phthalate	<5	ug/L	EPA 8270	03/27/00	KTL	
Fluoranthene	<5	ug/L	EPA 8270	03/27/00	KTL	

KAR Laboratories, Inc.

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Laboratory Detail Report

Page 1 of 3

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MR 81220

SHOD-PLAINWELL

LABORATORY DETAIL REPORT

Client: Plainwell Paper Company

KAR Project No. : 001249

Date Reported : 03/28/00

Project

Desc. : Analysis of one sample for Wastewater Discharge Application.

Sample ID : "Outfall 005, 24 Hr. Composite"

Sampled By : DH of Plainwell Paper

Sample Date : 03/15/2000

Sample Time :

Date Received : 03/16/2000

Sample Type : aqueous

KAR Sample No. : 001249-01

Test	Result	Units of Measure	Method	Analyzed	Analyst	Comments
Fluorene	<5	ug/L	EPA 8270	03/27/00	KTL	
Hexachlorobenzene	<5	ug/L	EPA 8270	03/27/00	KTL	
Hexachlorobutadiene	<5	ug/L	EPA 8270	03/27/00	KTL	
Hexachlorocyclopentadiene	<5	ug/L	EPA 8270	03/27/00	KTL	
Hexachloroethane	<5	ug/L	EPA 8270	03/27/00	KTL	
Indeno(123cd)pyrene	<5	ug/L	EPA 8270	03/27/00	KTL	
Isophorone	<5	ug/L	EPA 8270	03/27/00	KTL	
N-Nitrosodi-n-propylamine	<5	ug/L	EPA 8270	03/27/00	KTL	
N-Nitrosodimethylamine	<5	ug/L	EPA 8270	03/27/00	KTL	
N-Nitrosodiphenylamine	<5	ug/L	EPA 8270	03/27/00	KTL	
Naphthalene by Method 8270	<5	ug/L	EPA 8270	03/27/00	KTL	
Nitrobenzene	<5	ug/L	EPA 8270	03/27/00	KTL	
Pentachlorophenol	<5	ug/L	EPA 8270	03/27/00	KTL	
Phenanthrene	<5	ug/L	EPA 8270	03/27/00	KTL	
Phenol	<5	ug/L	EPA 8270	03/27/00	KTL	
Pyrene	<5	ug/L	EPA 8270	03/27/00	KTL	
Prior. Poll. pest/PCB by ECD	See below		EPA 8081	03/22/00	MSZ	
Prep. ECD	Completed		EPA 3510	03/17/00	MJY	
4,4'-DDP	<0.01	ug/L	EPA 8081	03/22/00	MSZ	
4,4'-DDE	<0.01	ug/L	EPA 8081	03/22/00	MSZ	
4,4'-DDT	<0.01	ug/L	EPA 8081	03/22/00	MSZ	
Aldrin	<0.01	ug/L	EPA 8081	03/22/00	MSZ	
Alpha-BHC	<0.01	ug/L	EPA 8081	03/22/00	MSZ	
Beta-BHC	<0.01	ug/L	EPA 8081	03/22/00	MSZ	
Chlordane	<0.05	ug/L	EPA 8081	03/22/00	MSZ	
Delta-BHC	<0.01	ug/L	EPA 8081	03/22/00	MSZ	
Dieldrin	<0.01	ug/L	EPA 8081	03/22/00	MSZ	
Endosulfan I	<0.01	ug/L	EPA 8081	03/22/00	MSZ	
Endosulfan II	<0.01	ug/L	EPA 8081	03/22/00	MSZ	
Endosulfan sulfate	<0.01	ug/L	EPA 8081	03/22/00	MSZ	
Endrin	<0.01	ug/L	EPA 8081	03/22/00	MSZ	
Endrin aldehyde	<0.01	ug/L	EPA 8081	03/22/00	MSZ	
Gamma-BHC	<0.01	ug/L	EPA 8081	03/22/00	MSZ	
Heptachlor	<0.01	ug/L	EPA 8081	03/22/00	MSZ	
Heptachlor epoxide	<0.01	ug/L	EPA 8081	03/22/00	MSZ	
Toxaphene	<0.1	ug/L	EPA 8081	03/22/00	MSZ	
PCB Aroclor 1016	<0.1	ug/L	EPA 8082	03/22/00	MSZ	
PCB Aroclor 1221	<0.1	ug/L	EPA 8082	03/22/00	MSZ	
PCB Aroclor 1232	<0.1	ug/L	EPA 8082	03/22/00	MSZ	
PCB Aroclor 1242	<0.1	ug/L	EPA 8082	03/22/00	MSZ	
PCB Aroclor 1248	<0.1	ug/L	EPA 8082	03/22/00	MSZ	
PCB Aroclor 1254	<0.1	ug/L	EPA 8082	03/22/00	MSZ	
PCB Aroclor 1260	<0.1	ug/L	EPA 8082	03/22/00	MSZ	

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Laboratory Detail Report

Page 2 of 3

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MR 31200

SWED - PLAINWELL

063681

LABORATORY DETAIL REPORT

Client: Plainwell Paper Company

KAR Project No. : 001249

Date Reported : 03/28/00

Project

Desc. : Analysis of one sample for Wastewater Discharge Application.

Sample ID : "Outfall 005, Grab"

Sampled By : DH of Plainwell Paper

Sample Date : 03/15/2000

Sample Time :

Date Received : 03/16/2000

Sample Type : aqueous

KAR Sample No. : 001249-02

Test	Result	Units of Measure	Method	Analyzed	Analyst	Comments
Prior. Poll. volatiles	See below		EPA 624	03/20/00	JAR	
Prep. VOA	Completed		EPA 624	03/20/00	JAR	
1,1,1-Trichloroethane	<1	ug/L	EPA 624	03/20/00	JAR	
1,1,2,2-Tetrachloroethane	<1	ug/L	EPA 624	03/20/00	JAR	
1,1,2-Trichloroethane	<1	ug/L	EPA 624	03/20/00	JAR	
1,1-Dichloroethane	<1	ug/L	EPA 624	03/20/00	JAR	
1,1-Dichloroethene	<1	ug/L	EPA 624	03/20/00	JAR	
1,2-Dichlorobenzene	<1	ug/L	EPA 624	03/20/00	JAR	
1,2-Dichloroethane	<1	ug/L	EPA 624	03/20/00	JAR	
1,2-Dichloropropane	<1	ug/L	EPA 624	03/20/00	JAR	
1,3-Dichlorobenzene	<1	ug/L	EPA 624	03/20/00	JAR	
1,4-Dichlorobenzene	<1	ug/L	EPA 624	03/20/00	JAR	
2-Chloroethylvinyl ether	<1	ug/L	EPA 624	03/20/00	JAR	
Acrolein	<5	ug/L	EPA 624	03/20/00	JAR	
Acrylonitrile	<1	ug/L	EPA 624	03/20/00	JAR	
Benzene	<1	ug/L	EPA 624	03/20/00	JAR	
Bromodichloromethane	<1	ug/L	EPA 624	03/20/00	JAR	
Bromoform	11	ug/L	EPA 624	03/20/00	JAR	
Bromomethane	<1	ug/L	EPA 624	03/20/00	JAR	
Carbon tetrachloride	<1	ug/L	EPA 624	03/20/00	JAR	
Chlorobenzene	<1	ug/L	EPA 624	03/20/00	JAR	
Chloroethane	<1	ug/L	EPA 624	03/20/00	JAR	
Chloroform	<1	ug/L	EPA 624	03/20/00	JAR	
Chloromethane	<1	ug/L	EPA 624	03/20/00	JAR	
Cis-1,3-Dichloropropene	<1	ug/L	EPA 624	03/20/00	JAR	
Dibromochloromethane	2.3	ug/L	EPA 624	03/20/00	JAR	
Ethylbenzene	<1	ug/L	EPA 624	03/20/00	JAR	
Methylene chloride	<1	ug/L	EPA 624	03/20/00	JAR	
Tetrachloroethene	<1	ug/L	EPA 624	03/20/00	JAR	
Toluene	<1	ug/L	EPA 624	03/20/00	JAR	
Trans-1,2-Dichloroethene	<1	ug/L	EPA 624	03/20/00	JAR	
Trans-1,3-Dichloropropene	<1	ug/L	EPA 624	03/20/00	JAR	
Trichloroethene	<1	ug/L	EPA 624	03/20/00	JAR	
Trichlorofluoromethane	<1	ug/L	EPA 624	03/20/00	JAR	
Vinyl chloride	<1	ug/L	EPA 624	03/20/00	JAR	

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Laboratory Detail Report

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MAR 31 2000

SHED - PLAINWELL

063682
000477

POSITIVE RESULTS SUMMARY REPORT

Client: **Plainwell Paper Company**

KAR Project No.: **001249**

Date Reported: **03/28/2000**

Project

Description: **Analysis of one sample for Wastewater Discharge Application.**

063683

Sample Description: **"Outfall 005, 24 Hr. Composite"**

Test	Positive Result Concentration	Units
Bis(2-ethylhexyl)phthalate	38	ug/L

Sample Description: **"Outfall 005, Grab"**

Test	Positive Result Concentration	Units
Bromofom	11	ug/L
Dibromochloromethane	23	ug/L

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SMC - PLAINWELL

This Positive Results Summary Report provides an overview of the sample set and CONTAINS ONLY RESULTS ABOVE THE REPORTING LIMIT. It should not be used as a substitute for the attached detail report.

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(616) 381-8686

Positive Results Summary Report

Page 1 of 1

005

063684

000178

MSDS

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MAR 81 230
SWCO-PLANET

MATERIAL SAFETY DATA SHEET

Callaway Chemical Company
A unit of Vulcan Chemicals
A subsidiary of Vulcan Materials Company

Page 1
DATE PREPARED: 09/04/1994
MSDS No: 10759-001
CALLAWAY 4015

9-99
063685
063479

1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

Product Identifier: CALLAWAY 4015
Product Description: Clear Light-Amber Liquid
Chemical Family: Cationic Polymer
Generic Name: Polyamine

MANUFACTURER:

Callaway Chemical
P.O. Box 2335
Columbus, GA 31993-3599
Customer Service: 1-706-576-6407

24 HR. EMERGENCY TELEPHONE NUMBERS:

CHEMTREC (800) 424-9300
Emergency Phone 1-706-576-2000

2. COMPOSITION/INFORMATION ON INGREDIENTS

COMPONENTS OF THIS MIXTURE MAY BE PROPRIETARY INFORMATION. IN THE EVENT OF A MEDICAL EMERGENCY, COMPOSITIONAL INFORMATION WILL BE PROVIDED TO A PHYSICIAN OR NURSE.

THIS PRODUCT IS HAZARDOUS AS DEFINED IN 29 CFR1910.1200, BASED ON THE FOLLOWING COMPOSITIONAL INFORMATION:

	wt. %	CAS Registry #
Polyamine Resin	50	42751-79-1

3. HAZARDS IDENTIFICATION

POTENTIAL HEALTH EFFECTS

EYES:

Irritating, but does not injure eye tissue.

SKIN:

Low order of toxicity.

Frequent or prolonged contact may irritate and cause dermatitis.

May cause skin sensitization.

INGESTION:

Minimal toxicity.

INHALATION:

Negligible hazard at ambient (-15 to 35 Deg C; 0 to 100 Deg F) or recommended blending temperature.

Irritating to eyes and respiratory tract in high concentrations.

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SWAD-2111111111

Callaway Chemical Company

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A subsidiary of Vulcan Materials Company

Page: 3

DATE PREPARED: 09/04/1994

MSDS No: 10759-001

CALLAWAY 4015

063686

FIRE EXPLOSION:

Material will not burn.

"Empty" containers retain product residue (liquid and/or vapor) and can be dangerous. DO NOT PRESSURIZE, CUT, WELD, BRAZE, SOLDER, DRILL, GRIND, OR EXPOSE SUCH CONTAINERS TO HEAT, FLAME, SPARKS, STATIC ELECTRICITY, OR OTHER SOURCES OF IGNITION; THEY MAY EXPLODE AND CAUSE INJURY OR DEATH. Empty drums should be completely drained, properly bunged and promptly returned to a drum reconditioner, or properly disposed of.

6. ACCIDENTAL RELEASE MEASURES

ENVIRONMENTAL PRECAUTIONS:

WATER SPILL:

Consult an expert on disposal of recovered material and ensure conformity to local disposal regulations.

LAND SPILL:

Prevent additional discharge of material, if possible to do so without hazard. For small spills implement cleanup procedures; for large spills implement cleanup procedures and, if in public area, keep public away and advise authorities. Also, if this product is subject to CERCLA reporting (see Section 15) notify the National Response center.

Prevent liquid from entering sewers, watercourses, or low areas. Contain spilled liquid with sand or earth.

Recover by pumping or with a suitable absorbent.

If liquid is too viscous for pumping, scrape up.

Consult an expert on disposal of recovered material and ensure conformity to local disposal regulations.

COMMENTS:

Spilled material is slippery.

7. HANDLING AND STORAGE

GENERAL PROCEDURES:

Keep container closed. Both open and handle containers with care. Store in a cool, well ventilated place away from incompatible materials. Do NOT pressurize, cut, heat, or weld containers. Empty product containers may contain product residue. Do NOT reuse empty containers without commercial cleaning or reconditioning.

Storage Temperature: Keep from freezing

Loading Temperature: Keep from freezing

Storage Pressure: Atmospheric

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Callaway Chemical Company
A unit of Vulcan Chemicals
A subsidiary of Vulcan Materials Company

Page: 5

DATE PREPARED: 09/04/1994

MSDS No: 10759-001

CALLAWAY 4015

063687
063490

11. TOXICOLOGICAL INFORMATION

EYE EFFECTS:

A primary eye irritation study in rabbits was conducted (using EPA guidelines No. 81-4) using a test material similar to that represented by this MSDS. The maximum average irritation score of 12.3 (110 maximum possible), obtained at 1 hour after treatment, was used to rate the test material as minimally irritating. Since all "positive" effects were clear by 24 hours, the test material is assigned to Toxicity Category IV.

SKIN EFFECTS:

A primary dermal irritation study in rabbits was conducted (using EPA guidelines No. 81-5) using a test material similar to that represented by this MSDS. Test results indicate a primary irritation index of 0.0 out of a possible 8.0, or a descriptive rating of slightly irritating. Based on 72 hour scores only, the test material was assigned to Toxicity Category IV (mild or slight irritation).

PLEASE CALL THE NON-EMERGENCY TELEPHONE NUMBER ON PAGE ONE IF INFORMATION IS REQUIRED.

12. ECOLOGICAL INFORMATION

ECOTOXICOLOGICAL INFORMATION:

Study results on a material similar to that represented by this MSDS are as follows:

48-Hour Static Acute Mysidopsis bahia Toxicity Test: LC50 = 15 mg/L

96-Hour Static Acute Pimephales promelas Toxicity Test: LC50 = 0.34 mg/L

13. DISPOSAL CONSIDERATIONS

PLEASE REFER TO SECTIONS 5, 6 AND 15 FOR DISPOSAL AND REGULATORY INFORMATION.

14. TRANSPORT INFORMATION

THIS PRODUCT IS NOT DOT REGULATED.

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15. REGULATORY INFORMATION

SWCD - PLANNING

UNITED STATES

SARA TITLE III (SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT)

Fire: No Pressure Generating: No Reactivity: No Acute: Yes Chronic: No

311/312 Hazard Categories: Acute Health.

313 Reportable Ingredients: This product does not contain Section 313 Reportable Ingredients.

Callaway Chemical Company
A unit of Vulcan Chemicals
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Page: 7

DATE PREPARED: 09/04/1994

MSDS No: 10759-001

CALLAWAY 4015

063688

HMS RATINGS NOTES:

This information is for people trained in
the National Paint & Coatings Association's
(NPCA) Hazardous Materials Identification
System (HMIS).

Key
4 = Severe
3 = Serious
2 = Moderate
1 = Slight
0 = Minimal

MANUFACTURER DISCLAIMER:

NOTICE: Vulcan Chemicals believes that the information contained on this Material Safety Data Sheet is accurate. The suggested procedures are based on experience as of the date of publication. They are not necessarily all-inclusive nor fully adequate in every circumstance. Also, the suggestions should not be confused with nor followed in violation of applicable laws, regulation, rules or insurance requirements.

NO WARRANTY IS MADE, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE.

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MR 81200
SWCD - PLANWELL

MATERIAL SAFETY DATA SHEET

Ashland Distribution Co. &

Page 001
Date Prepared: 01/26/98
Date Printed: 12/11/99
MSDS No: 306.0303884-003.005

DREWFLOC 3100 POLYMER

063689
063484

1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

Material Identity

Product Name: DREWFLOC 3100 POLYMER
Product Code:
General or Generic ID: POLYMER

Company

Ashland Distribution Co. &
Ashland Specialty Chemical Co.
P. O. Box 2219
Columbus, OH 43216
614-790-3333

Emergency Telephone Number:

1-800-ASHLAND (1-800-274-5263)
24 hours everyday

Regulatory Information Number:
1-800-325-3751

2. COMPOSITION/INFORMATION ON INGREDIENTS

Ingredient(s)	CAS Number	% (by weight)
TRADE SECRET		1.0- 10.0
FORMALDEHYDE	50-00-0	0.1

3. HAZARDS IDENTIFICATION

Potential Health Effects

Eye

Can cause eye irritation. Symptoms include stinging, tearing, redness, and swelling of eyes.

Skin

Can cause skin irritation. Symptoms may include redness and burning of skin, and other skin damage.

Swallowing

Swallowing small amounts of this material during normal handling is not likely to cause harmful effects. Swallowing large amounts may be harmful.

Inhalation

Breathing of vapor or mist is possible. Breathing small amounts of this material during normal handling is not likely to cause harmful effects. Breathing large amounts may be harmful.

Symptoms of Exposure

Signs and symptoms of exposure to this material through breathing, swallowing, and/or passage of the material through the skin may include: irritation (nose, throat, airways), central nervous system depression (dizziness, drowsiness, weakness, fatigue, nausea, headache, unconsciousness).

Target Organ Effects

Overexposure to this material (or its components) has been suggested as a cause of the following effects in laboratory animals: liver abnormalities, spleen damage, nervous system damage, eye damage, kidney damage, lung damage, brain damage. Overexposure to this material (or its components) has been suggested as a cause of the following effects in humans: skin sensitization, eye damage.

Continued on next page

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MR3123

3000-21 ANNEX

MATERIAL SAFETY DATA SHEET

Ashland Distribution Co.

&

Page 003

Date Prepared: 01/26/98

Date Printed: 12/11/99

MSDS No: 306.0303884-003.005

DREWFLOC 3100 POLYMER

063690
063690

Autoignition Temperature

No data

Hazardous Products of Combustion

May form: carbon dioxide and carbon monoxide, formaldehyde.

Fire and Explosion Hazards

No special fire hazards are known to be associated with this product.

Extinguishing Media

regular foam, water fog, carbon dioxide, dry chemical.

Fire Fighting Instructions

Wear a self-contained breathing apparatus with a full facepiece operated in the positive pressure demand mode with appropriate turn-out gear and chemical resistant personal protective equipment. Refer to the personal protective equipment section of this MSDS.

NFPA Rating

Health - 1, Flammability - 0, Reactivity - 0

6. ACCIDENTAL RELEASE MEASURES

Small Spill

Absorb liquid on vermiculite, floor absorbent or other absorbent material.

Large Spill

Persons not wearing protective equipment should be excluded from area of spill until clean-up has been completed. Stop spill at source, dike area of spill to prevent spreading, pump liquid to salvage tank. Remaining liquid may be taken up on sand, clay, earth, floor absorbent, or other absorbent material and shoveled into containers. Spills of this material are very slippery. The area should be thoroughly flushed with water and scrubbed to remove residue. If slipperiness remains, apply more dry-sweeping compound.

7. HANDLING AND STORAGE

Handling

Not applicable

Storage

Keep from freezing.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Eye Protection

Chemical splash goggles in compliance with OSHA regulations are advised; however, OSHA regulations also permit other type safety glasses. Consult your safety representative.

Continued on next page

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SWCD - PLANNING

MATERIAL SAFETY DATA SHEET

Ashland Distribution Co. &

Page 005
Date Prepared: 01/26/98
Date Printed: 12/11/99
MSDS No: 306.0303884-003.005

06369
800182

DREWFLOC 3100 POLYMER

Appearance

TRANSLUCENT, CLOUDY LIQUID

State

LIQUID

Physical Form

HOMOGENEOUS SOLUTION

Color

TRANSLUCENT AND CLOUDY

Odor

AMINE

pH

10.5

Viscosity

33000.0 cps

Freezing Point

32.0 F (.0 C)

Solubility in Water

COMPLETE

10. STABILITY AND REACTIVITY

Hazardous Polymerization

Product will not undergo hazardous polymerization.

Hazardous Decomposition

carbon dioxide and carbon monoxide, formaldehyde.

Chemical Stability

Stable.

Incompatibility

Avoid contact with: acids, strong oxidizing agents.

11. TOXICOLOGICAL INFORMATION

No data

12. ECOLOGICAL INFORMATION

No data

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SWQD-PLANNELL

Continued on next page

MATERIAL SAFETY DATA SHEET

063692
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Ashland Distribution Co. &

Page 007
Date Prepared: 01/26/98
Date Printed: 12/11/99
MSDS No: 306.0303884-003.005

DREWFLOC 3100 POLYMER

EPA Accidental Release Prevention 40 CFR 68

RMP Component (s)	Condition	TQ (lbs)
FORMALDEHYDE (SOLUTION)		15000

International Regulations
Inventory Status
Not determined

State and Local Regulations California Proposition 65

The following statement is made in order to comply with the California Safe Drinking Water and Toxic Enforcement Act of 1986: This product contains the following substance(s) known to the state of California to cause cancer.
ACRYLAMIDE
FORMALDEHYDE (GAS)

16. OTHER INFORMATION

The information accumulated herein is believed to be accurate but is not warranted to be whether originating with the company or not. Recipients are advised to confirm in advance of need that the information is current, applicable, and suitable to their circumstances.

Last page

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MR 81230
SWD - PLANNING

MATERIAL SAFETY DATA SHEET

Ashland Chemical Co.

Page 001
Date Prepared: 02/28/96
Date Printed: 03/16/96
MSDS No: 0311120-001.001

DREWFLOC 2230 F POLYMER

1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

Material Identity

Product Name: DREWFLOC 2230 F POLYMER
General or Generic ID: POLYMER

Company

Ashland Chemical Co.
P.O. Box 2219
Columbus, OH 43216
614-790-3333

Emergency Telephone Number:

1-800-ASHLAND (1-800-274-5263)
24 hours everyday

Regulatory Information Number:
1-800-325-3751

2. COMPOSITION/INFORMATION ON INGREDIENTS

Ingredient(s)	CAS Number	% (by weight)
ANIONIC POLYACRYLAMIDE		100.0

3. HAZARDS IDENTIFICATION

Potential Health Effects

Eye

Exposure causes eye irritation. Symptoms may include stinging, tearing, redness, and swelling.

Skin

Exposure may cause mild skin irritation. Symptoms may include redness and burning.

Swallowing

Single dose oral toxicity is low. Swallowing small amounts during normal handling is not likely to cause harmful effects; swallowing large amounts may be harmful. This material can enter the lungs during swallowing or vomiting and cause lung inflammation and/or damage.

Inhalation

Exposure to vapor or mist is possible. Short-term inhalation toxicity is low. Breathing small amounts during normal handling is not likely to cause harmful effects; breathing large amounts may be harmful.

Symptoms of Exposure

gastrointestinal irritation (nausea, vomiting, diarrhea), irritation (nose, throat, respiratory tract), central nervous system depression (dizziness, drowsiness, weakness, fatigue, nausea, headache, unconsciousness).

Target Organ Effects

No data

Developmental Information

No data

Continued on next page

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MAR 31 1996

WVOD - J. ANNELL

MATERIAL SAFETY DATA SHEET

Ashland Chemical Co.

Page 002
Date Prepared: 02/28/96
Date Printed: 03/16/96
MSDS No: 0311120-001.001

063694

DREWFLOC 2230 F POLYMER

Cancer Information
No data

Other Health Effects
No data

Primary Route(s) of Entry
Inhalation, Skin contact.

4. FIRST AID MEASURES

Eyes

If material gets into the eyes, immediately flush eyes gently with water for at least 15 minutes while holding eyelids apart. If symptoms develop as a result of vapor exposure, immediately move individual away from exposure and into fresh air before flushing as recommended above. Seek immediate medical attention.

Skin

Remove contaminated clothing. Wash exposed area with soap and water. If symptoms persist, seek medical attention. Launder clothing before reuse.

Swallowing

Do not induce vomiting. This material is an aspiration hazard. If individual is drowsy or unconscious, place on left side with the head down. Seek medical attention. If possible, do not leave individual unattended.

Inhalation

If symptoms develop, immediately move individual away from exposure and into fresh air. Seek immediate medical attention; keep person warm and quiet. If person is not breathing, begin artificial respiration. If breathing is difficult, administer oxygen.

Note to Physicians
No data

5. FIRE FIGHTING MEASURES

Flash Point

200.0 F (93.3 C) SETA

Explosive Limit

(for component) Lower .9 %

Autoignition Temperature

No data

Hazardous Products of Combustion

May form: ammonia, carbon dioxide, carbon monoxide, nitrogen oxides.

Fire and Explosion Hazards

No special fire hazards are known to be associated with this product.

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MATERIAL SAFETY DATA SHEET

Ashland Chemical Co.

Page 003
Date Prepared: 02/28/96
Date Printed: 03/16/96
MSDS No: 0311120-001.001

DREWFLCC 2230 F POLYMER

Extinguishing Media

alcohol foam, carbon dioxide, dry chemical.

Fire Fighting Instructions

Wear a self-contained breathing apparatus with a full facepiece operated in the positive pressure demand mode with appropriate turn-out gear and chemical resistant personal protective equipment. Refer to the personal protective equipment section of this MSDS.

NFPA Rating

Health - 1, Flammability - 1, Reactivity - 0

6. ACCIDENTAL RELEASE MEASURES

Small Spill

Absorb liquid on vermiculite, floor absorbent or other absorbent material.

Large Spill

Prevent run-off to sewers, streams or other bodies of water. If run-off occurs, notify proper authorities as required, that a spill has occurred. Persons not wearing protective equipment should be excluded from area of spill until clean-up has been completed. Stop spill at source, dike area of spill to prevent spreading, pump liquid to salvage tank. Remaining liquid may be taken up on sand, clay, earth, floor absorbent, or other absorbent material and shoveled into containers. Spills of this material are very slippery. The area should be thoroughly flushed with water and scrubbed to remove residue. If slipperiness remains apply more dry-sweeping compound.

7. HANDLING AND STORAGE

Handling

Avoid contact with water. This material is slippery when wet.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Eye Protection

Chemical splash goggles in compliance with OSHA regulations are advised; however, OSHA regulations also permit other type safety glasses. Consult your safety representative.

Skin Protection

Wear resistant gloves such as: nitrile rubber, To prevent repeated or prolonged skin contact, wear impervious clothing and boots..

Respiratory Protections

If workplace exposure limit(s) of product or any component is exceeded (see exposure guidelines), a NIOSH/MSHA approved air supplied respirator is advised in absence of proper environmental control. OSHA regulations also permit other NIOSH/MSHA respirators (negative pressure type) under specified conditions (see your industrial hygienist). Engineering or administrative controls should be implemented to reduce exposure.

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MATERIAL SAFETY DATA SHEET

Ashland Chemical Co.

Page 004

Date Prepared: 02/28/96

Date Printed: 03/16/96

MSDS No: 0311120-001.001

063696

DREWFLOC 2230 F POLYMER

Engineering Controls

Provide sufficient mechanical (general and/or local exhaust) ventilation to maintain exposure below level of overexposure (from known, suspected or apparent adverse effects).

Exposure Guidelines

Component

ANIONIC POLYACRYLAMIDE

No exposure limits established

9. PHYSICAL AND CHEMICAL PROPERTIES

Boiling Point

(for component) 212.0 F (100.0 C) @ 760 mmHg

Vapor Pressure

No data

Specific Vapor Density

1.000 @ AIR=1

Specific Gravity

1.000 - 1.070 @ 77.00 F

Liquid Density

8.300 - 8.900 lbs/gal @ 77.00 F

1.000 - 1.070 kg/l @ 25.00 C

Percent Volatiles

50.0 - 70.0 %

Evaporation Rate

No data

Appearance

EMULSION

State

LIQUID

Physical Form

HETEROGENEOUS SOLUTION

Color

WHITE

Odor

SLIGHT ORGANIC

pH

8.0 - 9.0

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MATERIAL SAFETY DATA SHEET

Ashland Chemical Co.

Page 005
Date Prepared: 02/28/96
Date Printed: 03/16/96
MSDS No: 0311120-001.001

063697
063487

DREWFLOC 2250 F POLYMER

Viscosity
1200.0 cps

Freezing Point
7.0 F (-13.8 C)

Solubility in Water
10% - FORMS GEL

10. STABILITY AND REACTIVITY

Hazardous Polymerization
Product will not undergo hazardous polymerization.

Hazardous Decomposition
May form: ammonia, carbon dioxide, carbon monoxide, nitrogen oxides.

Chemical Stability
Stable.

Incompatibility
Avoid contact with: aluminum, copper, iron, strong oxidizing agents, Contact may result in corrosion & product degradation..

11. TOXICOLOGICAL INFORMATION

No data

12. ECOLOGICAL INFORMATION

No data

13. DISPOSAL CONSIDERATION

Waste Management Information
Dispose of in accordance with all applicable local, state and federal regulations.

14. TRANSPORT INFORMATION

DOT Information - 49 CFR 172.101
DOT Description:
NON-REGULATED BY D.O.T.

Container/Mode:
55 GAL DRUM/TRUCK PACKAGE

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MATERIAL SAFETY DATA SHEET

Ashland Chemical Co.

Page 006
Date Prepared: 02/28/96
Date Printed: 03/16/96
MSDS No: 0311120-001.001

DREWFLOC 2230 F POLYMER

NOS Component:
None

RQ (Reportable Quantity) - 49 CFR 172.101
Not applicable

15. REGULATORY INFORMATION

US Federal Regulations

TSCA (Toxic Substances Control Act) Status
TSCA (UNITED STATES) The intentional ingredients of this product are listed.

CERCLA RQ - 40 CFR 302.4
None

SARA 302 Components - 40 CFR 355 Appendix A
None

Section 311/312 Hazard Class - 40 CFR 370.2
Immediate(X) Delayed() Fire() Reactive() Sudden Release of
Pressure()

SARA 313 Components - 40 CFR 372.65
None

International Regulations

Inventory Status
Not determined

State and Local Regulations
California Proposition 65
None

16. OTHER INFORMATION

The information accumulated herein is believed to be accurate but is not warranted to be whether originating with the company or not. Recipients are advised to confirm in advance of need that the information is current, applicable, and suitable to their circumstances.

Last page

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063698

NA - NOT APPLICABLE

C. HAZARDS (Cont.):**FIRE AND EXPLOSION**

FLASH POINT Not flammable <input type="checkbox"/> OPEN CUP <input type="checkbox"/> CLOSED CUP	AUTO IGNITION TEMPERATURE NA	FLAMMABLE LIMITS IN AIR (% BY VOL.) LOWER - NA UPPER - NA
UNUSUAL FIRE AND EXPLOSION HAZARDS See Hazardous Decomposition Products, Section G.		

063700

D. PRECAUTIONS/PROCEDURES

FIRE EXTINGUISHING AGENTS - RECOMMENDED Product is nonflammable. Use any extinguishing agent suitable for surrounding fire.
FIRE EXTINGUISHING AGENTS TO AVOID None known.
SPECIAL FIRE FIGHTING PRECAUTIONS Wear self-contained breathing apparatus approved by NIOSH. Use water spray to keep containers cool.
VENTILATION Local exhaust if misty condition prevails. May exceed TLV without visible indication.
NORMAL HANDLING Avoid contact with skin, eyes, or clothing. Avoid breathing mist.
STORAGE Store in a cool area.
SPILL OR LEAK (ALWAYS WEAR PERSONAL PROTECTIVE EQUIPMENT - SECTION E) Dilute small spills or leaks cautiously with plenty of water. Neutralize any further residue with alkali such as soda ash, lime or limestone. Adequate ventilation is required if soda ash or limestone is used, because of the consequent release of carbon dioxide gas. (See Section I for disposal methods.) Large spills: dike up with soda ash, and neutralize and so forth as above.
SPECIAL: PRECAUTIONS/PROCEDURES/LABEL INSTRUCTIONS SIGNAL WORD - WARNING!

E. PERSONAL PROTECTIVE EQUIPMENT

RESPIRATORY PROTECTION Where required, use a respirator approved by NIOSH for mists.
EYES AND FACE Wear hard hat (or other head covering) and chemical safety goggles. Do not wear contact lenses.
HANDS, ARMS, AND BODY Wear impervious gloves and apron and full work clothing, including shirt, trousers, and boots. Completely impervious clothes should be substituted if there is prolonged or repeated contact.
OTHER CLOTHING AND EQUIPMENT Eye-wash and quick-drench shower facilities.

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32400-71

F. PHYSICAL DATA:

MATERIAL IS (AT NORMAL CONDITIONS): <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SOLID <input type="checkbox"/> GAS <input type="checkbox"/> _____		APPEARANCE AND ODOR Odorless, clear, light green or amber liquid.	
BOILING POINT	101 °C	SPECIFIC GRAVITY (H ₂ O = 1)	VAPOR DENSITY (AIR = 1)
MELTING POINT	-16 °C	1.335	NA
SOLUBILITY IN WATER (% by Weight) Complete		pH 1% solution; pH = 3.5 (approx.)	VAPOR PRESSURE (mm Hg at 20°C) <input type="checkbox"/> (PSIG) <input type="checkbox"/> NA
EVAPORATION RATE (Butyl Acetate = 1) <input type="checkbox"/> (Ether = 1) <input type="checkbox"/> NA		% VOLATILES BY VOLUME (At 20°C) Approximately 50%	

063701

063701

G. REACTIVITY DATA

STABILITY <input type="checkbox"/> UNSTABLE <input checked="" type="checkbox"/> STABLE	CONDITIONS TO AVOID If evaporated to dryness, residue should not be exposed to temperatures above 760° C (1400 °F): these yield toxic and corrosive gases.
INCOMPATIBILITY (MATERIALS TO AVOID) Alkalies and water-reactive materials such as oleum: cause exothermic reactions.	
HAZARDOUS DECOMPOSITION PRODUCTS At temperatures cited above, sulfur oxide gases. These are toxic and are oxidizers and corrosive. The trioxide is also a fire hazard. The loss of these gases leaves a caustic residue.	
HAZARDOUS POLYMERIZATION <input type="checkbox"/> MAY OCCUR <input checked="" type="checkbox"/> WILL NOT OCCUR	CONDITIONS TO AVOID NA

H. HAZARDOUS INGREDIENTS (Mixtures Only)

MATERIAL OR COMPONENT / C.A.S. #	WT. %	HAZARD DATA (SEE SECT. J)
Aluminum Sulfate - 14 H ₂ O / 10043-01-3 (anh.)	48.5	OSHA / TWA = 2 mg/cu.m. (as Al)

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 0000-211772

I. ENVIRONMENTAL

DEGRADABILITY/AQUATIC TOXICITY

OCTANOL/WATER PARTITION COEFFICIENT
ND

Aquatic toxicity:

14 ppm/36 hr/fundulus/fatal/fresh water

240 ppm/48 hr/mosquito fish/TLm*

* water type not specified

-- Reference (b)

EPA HAZARDOUS SUBSTANCES
(CLEAN WATER ACT SEC. 311)☒ YES ☐ NO

IF SO REPORTABLE QUANTITY: Approximately 18,000# (as is)

40 CFR
116-117

WASTE DISPOSAL METHODS (DISPOSER MUST COMPLY WITH FEDERAL, STATE AND LOCAL DISPOSAL OR DISCHARGE LAWS)

Users should review their operations in terms of any applicable federal, state and local laws and regulations, then consult with appropriate regulatory agencies before discharging or disposing of waste material. If regulations permit, waste may be disposed of by burial in an approved chemical wastes landfill or removed by a licensed waste disposal contractor.

RCRA STATUS OF UNUSED MATERIAL IF DISCARDED

HAZARDOUS WASTE NUMBER: (IF APPLICABLE)

40 CFR
261

EPA Hazardous Waste, if discarded, and pH is less than 2.

J. REFERENCES

PERMISSIBLE CONCENTRATION REFERENCES

OSHA Z-List; 29 CFR 1910.1000

ACGIH 1997 List, "Threshold Limit Values for Chemical Substances...".

REGULATORY STANDARDS

D.O.T. CLASSIFICATION: Class 8

49 CFR 173

Per 49 CFR 172.101

D.O.T. ID NO. UN3264

GENERAL

- (a) Stokinger, H.E., "The Metals", Chapter 29 in Patty, Industrial Hygiene and Toxicology 3rd Ed., 1981, Vol. IIA, John Wiley, N.Y.C., particularly Section 1.5.1 for aluminum.
- (b) Coast Guard CHRIS system form, "ALM", "Aluminum Sulfate" (-18 H₂O), Oct., 1978.
- (c) Gosselin, R.E., et. al., Clinical Toxicology of Commercial Products (Baltimore, Williams & Williams, 1976) page 89, Section 2.

K. ADDITIONAL INFORMATION

NOT FOR FOOD OR DRUG USE, UNLESS MARKED AS SUCH.

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PSCS FILE No. GC-2002

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